| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| SOUTHERN DISTRICT OF CALIFORNIA                 |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself  |  |  |   |  |  |  |
|-----|---|--|--|---|--|--|--|
|     |   | About Debtor 1:                                    |  | About Debtor 2 (Spouse Only in a Joint Case):     |  |  |  |
| 1.  | Your full name  |  |  |   |  |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's               | First name   |  | Patricia First name                               |  |  |  |
|     | license or passport).   | Middle name  |  | Middle name                                       |  |  |  |
|     | Bring your picture identification to your meeting with the trustee.   | Martinez  Last name and Suffix (Sr., Jr., II, III) |  | Martinez Last name and Suffix (Sr., Jr., II, III) |  |  |  |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.                           |  |  | FKA Patricia Aquino Perez                         |  |  |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7206  |  | xxx-xx-7764                                       |  |  |  |

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Debtor 2 **Patricia Martinez** Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and ☐ I have not used any business name or EINs. **Employer Identification** FDBA "Fernando Martinez": Numbers (EIN) you have I have not used any business name or EINs. Sole-proprietorship regarding 1099 income used in the last 8 years received as Uber Driver Business name(s) Business name(s) Include trade names and doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 2585 Cypress Avenue Lemon Grove, CA 91945 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code San Diego County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, I I have lived in this district longer than in any have lived in this district longer than in any other other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

**Fernando Martinez** 

Debtor 1

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| Deb | otor 1 Fernando<br>Patricia N  | Martinez<br>Martinez  |                   |   |  |   | Case number (if known)   |                     |  |
|-----|--|---|-------------------|---|--|---|--|---------------------|--|
| Par | t 2: Tell the Cou  | art About \   | Your Bank         | ruptcy Ca                                 | ase  |   |  |                     |  |
| 7.  | The chapter of the Bankruptcy Cod  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                   |   |  |   |  |                     |  |
|     | choosing to file   | under   | ■ Chapt           | er 7                                      |  |   |  |                     |  |
|     |  |   | ☐ Chapt           | er 11                                     |  |   |  |                     |  |
|     |  |   | ☐ Chapt           | er 12                                     |  |   |  |                     |  |
|     |  |   | ☐ Chapt           | er 13                                     |  |   |  |                     |  |
| 8.  | How you will pay   | y the fee   | abo<br>ord<br>a p | out how your<br>er. If your<br>re-printed | ou may pay. Typica<br>attorney is submitt<br>address.              | lly, if you are paying the fee young your payment on your beh   | k with the clerk's office in your local court for more<br>ourself, you may pay with cash, cashier's check, o<br>alf, your attorney may pay with a credit card or ch  | r money<br>eck with |  |
|     |  |   |                   |   |  | ments. If you choose this option of the control of | on, sign and attach the Application for Individuals  | to Pay              |  |
|     |  |   | ☐ I re            | quest that<br>is not requires to you      | at my fee be waive<br>juired to, waive you<br>ur family size and y | <b>d</b> (You may request this option ree, and may do so only if you ou are unable to pay the fee in  | n only if you are filing for Chapter 7. By law, a judg<br>our income is less than 150% of the official poverty<br>n installments). If you choose this option, you mus<br>cial Form 103B) and file it with your petition. | line that           |  |
| 9.  | Have you filed for bankruptcy with last 8 years?   |   | ■ No. □ Yes.      | District<br>District                      |  | When When When  | Case number Case number Case number  |                     |  |
| 10. | Are any bankrup cases pending of filed by a spouse not filing this cayou, or by a busipartner, or by an affiliate? | or being<br>e who is<br>se with<br>iness  | ■ No □ Yes.       |   |  |   |  |                     |  |
|     |  |   |                   | Debtor                                    |  |   | Relationship to you  |                     |  |
|     |  |   |                   | District                                  |  | When  | Case number, if known  |                     |  |
|     |  |   |                   | Debtor                                    |  | When  | Relationship to you  |                     |  |
|     |  |   |                   | District                                  |  | when  | Case number, if known  |                     |  |
| 11. | Do you rent your   | r   | ■ No.             | Go to I                                   | line 12.   |   |  |                     |  |
|     | residence:   |   | ☐ Yes.            | Has yo                                    | our landlord obtaine   | ed an eviction judgment agains  | st you?  |                     |  |
|     |  |   |                   |   | No. Go to line 12.   |   |  |                     |  |
|     |  |   |                   |   | Yes. Fill out <i>Initial</i> this bankruptcy pe                    |   | Judgment Against You (Form 101A) and file it as  | part of             |  |

Filed 06/29/19 Entered 06/29/19 15:51:18 Case 19-03886-MM7 Doc 1 Pg. 4 of 74 Debtor 1 **Fernando Martinez** Debtor 2 Patricia Martinez Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time Go to Part 4. No. business? ☐ Yes. Name and location of business A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No.

property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

|                             | ptor 1 Fernando Martinez ptor 2 Patricia Martinez   |      |   |   |          | Case number (if known)  |  |
|-----------------------------|---|------|---|---|----------|---|--|
| Par                         | Explain Your Efforts t  | o Re | ceive a Briefing About Credit Counseling  |   |          |   |  |
|                             |   | Abo  | out Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case): |          |   |  |
| y<br>b<br>c                 | Tell the court whether you have received a briefing about credit counseling.  | You  | You must check one:  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.   |   | You<br>■ | I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |  |
|                             | The law requires that you receive a briefing about credit counseling before   |      | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |   |          | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |  |
| You<br>one<br>choi<br>so, y | you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to |      | I received a briefing from an approved credit<br>counseling agency within the 180 days before I<br>filed this bankruptcy petition, but I do not have<br>a certificate of completion.  |   |          | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |  |
|                             | file.  If you file anyway, the court can dismiss your case, you   |      | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |   |          | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |  |
| y<br>C                      | will lose whatever filing fee<br>you paid, and your<br>creditors can begin<br>collection activities again.                    |      | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver                                     |   |          | I certify that I asked for credit counseling services<br>from an approved agency, but was unable to obtain<br>those services during the 7 days after I made my<br>request, and exigent circumstances merit a 30-day<br>temporary waiver of the requirement.                       |  |
|                             |   |      | of the requirement.  To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances |   |          | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.        |  |
|                             |   |      | required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a  |   |          | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.   |  |
|                             |   |      | briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.  You must file a certificate from the approved agency, along with a copy of the payment plan you       |   |          | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |  |
|                             |   |      | developed, if any. If you do not do so, your case may be dismissed.   |   |          | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  |  |
|                             |   |      | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  |   |          |   |  |
|                             |   |      | I am not required to receive a briefing about credit counseling because of:   |   |          | I am not required to receive a briefing about credit counseling because of:   |  |
|                             |   |      | Incapacity.  I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |   |          | Incapacity.<br>I have a mental illness or a mental deficiency that<br>makes me incapable of realizing or making rational<br>decisions about finances.   |  |
|                             |   |      | Disability.  My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.   |   |          | □ Disability.<br>My physical disability causes me to be unable to<br>participate in a briefing in person, by phone, or<br>through the internet, even after I reasonably tried to<br>do so.  |  |
|                             |   |      | Active duty. I am currently on active military duty in a  |   |          | Active duty. I am currently on active military duty in a military   |  |

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

combat zone.

of credit counseling with the court.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver

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|      | tor 1<br>tor 2  | Fernando Martinez<br>Patricia Martinez | Z   |  |  | Case nu                        | umber (if known)                |   |  |
|------|---|--|---|--|--|--------------------------------|---------------------------------|---|--|
| Part | t 6: /  | Answer These Questi                    | ons for Re  | eporting Purposes  |  |                                |                                 |   |  |
| 16.  | What<br>you h   | kind of debts do ave?                  | 16a.  | Are your debts primarily consur individual primarily for a personal,   |  |                                | defined in 11 U.S.C. §          | 101(8) as "incurred by an   |  |
|      |   |  |   | □ No. Go to line 16b.  |  |                                |                                 |   |  |
|      |   |  |   | Yes. Go to line 17.  |  |                                |                                 |   |  |
|      |   |  |   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |                                |                                 |   |  |
|      |   |  |   | □ No. Go to line 16c.  |  |                                |                                 |   |  |
|      |   |  |   | ☐ Yes. Go to line 17.  |  |                                |                                 |   |  |
|      |   |  | 16c.  | State the type of debts you owe th   | at are not consun  | ner debts or bus               | siness debts                    |   |  |
| 17.  | Are y   | ou filing under<br>ter 7?              | □ No.   | I am not filing under Chapter 7. Go  | o to line 18.  |                                |                                 |   |  |
|      | Do you estimate that after any exempt property is excluded and                          |  | Yes.  | I am filing under Chapter 7. Do you are paid that funds will be available  |  |                                |                                 | nd administrative expenses  |  |
|      |   | nistrative expenses                    |   | ■ No   |  |                                |                                 |   |  |
|      | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |  |   | □ Yes  |  |                                |                                 |   |  |
| 18.  | How many Creditors do   |  | <b>1</b> -49  |  | <b>1</b> ,000-5,000  |                                | □ 25,001-5                      | 50,000  |  |
|      |   | you estimate that you owe?             | □ 50-99   |  | ☐ 5001-10,000  |                                | □ 50,001-1                      | •   |  |
|      |   |  | ☐ 100-19<br>☐ 200-99  |  | ☐ 10,001-25,00   | 00                             | ☐ More tha                      | n100,000  |  |
| 19.  |   | much do you                            | □ \$0 - \$5   | 50,000   | □ \$1,000,001 -  | - \$10 million                 | □ \$500,000                     | 0,001 - \$1 billion   |  |
|      | estim<br>be wo  | ate your assets to orth?               |   | 01 - \$100,000   | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million |                                | □ \$1,000,0                     | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |
|      |   |  |   | 001 - \$500,000  |  |                                |                                 |   |  |
|      |   |  | <b>\$</b> 500,0   | 001 - \$1 million  | <b>L</b> \$100,000,00  | 71 - \$500 million             | i 🗀 More tha                    | noillid uc¢ n.  |  |
| 20.  |   | much do you                            | □ \$0 - \$ <del>5</del>   | 50,000   | □ \$1,000,001 -  | - \$10 million                 | □ \$500,000                     | 0,001 - \$1 billion   |  |
|      | estim<br>to be  | ate your liabilities<br>?              | \$50,0  | 01 - \$100,000   | \$10,000,001   |                                |                                 | 000,001 - \$10 billion  |  |
|      |   |  |   | 001 - \$500,000  | □ \$50,000,001<br>□ \$100,000,00   | ·                              |                                 | ,000,001 - \$50 billion<br>an \$50 billion  |  |
|      |   |  | □ \$500,0   | 001 - \$1 million  | <b>L</b> \$100,000,00  | 71 - \$500 million             | i inviore tha                   | noillid oca ni  |  |
| Part | 7: 5  | Sign Below                             |   |  |  |                                |                                 |   |  |
| For  | you   |  | I have exa  | amined this petition, and I declare u  | under penalty of p   | erjury that the in             | information provided is         | true and correct.   |  |
|      |   |  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |  |                                |                                 |   |  |
|      |   |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |  |  |                                |                                 |   |  |
|      |   |  | I request   | relief in accordance with the chapte   | er of title 11, Unite  | ed States Code,                | , specified in this petition    | on.   |  |
|      |   |  |   | and making a false statement, conc<br>cy case can result in fines up to \$25   |  |                                |                                 |   |  |
|      |   |  | /s/ Ferna   | ando Martinez  |  | /s/ Patricia N                 |                                 |   |  |
|      |   |  |   | lo Martinez<br>e of Debtor 1   |  | Patricia Mar<br>Signature of D |                                 |   |  |
|      |   |  | Executed  | on June 28, 2019<br>MM / DD / YYYY   |  | Executed on                    | June 28, 2019<br>MM / DD / YYYY |   |  |

| Debtor 1 Fernando Martine Debtor 2 Patricia Martinez   | <b>2Z</b>  | Case          | e number (if known)    |  |  |  |  |
|--|--|---------------|------------------------|--|--|--|--|
|  |  |               |                        |  |  |  |  |
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. |               |                        |  |  |  |  |
| to file this page.   | /s/ Christopher R. Bush  | Date          | June 28, 2019          |  |  |  |  |
|  | Signature of Attorney for Debtor   |               | MM / DD / YYYY         |  |  |  |  |
|  | Christopher R. Bush 243471   |               |                        |  |  |  |  |
|  | Printed name   |               |                        |  |  |  |  |
|  | Law Office of Chris Bush   |               |                        |  |  |  |  |
|  | Firm name  |               |                        |  |  |  |  |
|  | 1081 Camino del Rio South, Suite 110<br>San Diego, CA 92108  |               |                        |  |  |  |  |
|  | Number, Street, City, State & ZIP Code   |               | <del></del>            |  |  |  |  |
|  | Contact phone 619/678-1134   | Email address | chris@chrisbushlaw.com |  |  |  |  |
|  | 243471 CA  |               |                        |  |  |  |  |
|  | Bar number & State   |               |                        |  |  |  |  |

| Fill   | in this inform   | nation to identify your case:  |         |             |              |
|--------|------------------|--|---------|-------------|--------------|
| Del    | btor 1           | Fernando Martinez First Name Middle Name Last Name   |         |             |              |
| Del    | btor 2           | Patricia Martinez  |         |             |              |
| (Spc   | ouse if, filing) | First Name Middle Name Last Name   |         |             |              |
| Uni    | ited States Bar  | nkruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA  |         |             |              |
| Cas    | se number        |  |         |             |              |
| (if kr | nown)            |  |         |             | f this is an |
|        |                  |  |         | amende      | ed filing    |
|        |                  |  |         |             |              |
|        |                  | <u>rm 106Sum</u>   |         |             |              |
|        |                  | f Your Assets and Liabilities and Certain Statistical Information  |         |             | 2/15         |
|        |                  | nd accurate as possible. If two married people are filing together, both are equally responsible f<br>out all of your schedules first; then complete the information on this form. If you are filing amend |         |             |              |
| you    | r original forn  | ns, you must fill out a new <i>Summary</i> and check the box at the top of this page.  |         |             | ,            |
| Par    | rt 1: Summa      | arize Your Assets  |         |             |              |
|        |                  |  | Y       | our as:     | sets         |
|        |                  |  |         |             | what you own |
| 1.     |                  | /B: Property (Official Form 106A/B)  |         | •           | 442 225 00   |
|        | 1a. Copy line    | e 55, Total real estate, from Schedule A/B   | ;       | \$          | 442,235.00   |
|        | 1b. Copy line    | e 62, Total personal property, from Schedule A/B   | :       | \$          | 72,625.85    |
|        | 1c. Copy line    | e 63, Total of all property on Schedule A/B  | !       | \$          | 514,860.85   |
| Par    | rt 2: Summa      | arize Your Liabilities   |         |             |              |
|        |                  |  | Y       | our lial    | bilities     |
|        |                  |  | A       | mount       | you owe      |
| 2.     |                  | Creditors Who Have Claims Secured by Property (Official Form 106D)   |         | <del></del> | 437,652.86   |
|        | 2a. Copy the     | e total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  | •       | \$          | 437,032.00   |
| 3.     |                  | F: Creditors Who Have Unsecured Claims (Official Form 106E/F) e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  |         | \$          | 950.00       |
|        | 3h Cony the      | e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   |         | <br>¢       | 60,969.19    |
|        | эр. Сору ин      | e total dains non i art 2 (nonphorty unsecured dains) non line of or schedule L/1  |         | Ψ           | 00,909.19    |
|        |                  | Your total liabilities   | \$ \$   |             | 499,572.05   |
|        |                  |  |         |             |              |
| Par    | rt 3: Summa      | arize Your Income and Expenses   |         |             |              |
| 4.     | Schedule I:      | Your Income (Official Form 106I)   |         |             |              |
| •••    |                  | ombined monthly income from line 12 of Schedule I  | :       | \$          | 7,228.98     |
| 5.     | Schedule J:      | Your Expenses (Official Form 106J) nonthly expenses from line 22c of Schedule J  |         | \$          | 7,410.43     |
| Par    |                  | r These Questions for Administrative and Statistical Records   |         | *           | ·            |
|        |                  |  |         |             |              |
| 6.     | -                | ng for bankruptcy under Chapters 7, 11, or 13?<br>u have nothing to report on this part of the form. Check this box and submit this form to the court with yo  | our oth | ner sche    | edules.      |
|        | ■ Yes            |  |         |             |              |
| 7.     |                  | of debt do you have?   |         |             |              |
|        |                  | ebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a pei   | rsonal, f   | amily, or    |
|        | nouseh           | old purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.   |         |             |              |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

| Debtor 2 | Patricia Martinez  | Case number (if known) |                |
|----------|--|------------------------|----------------|
|          | m the <i>Statement of Your Current Monthly Income</i> : Cop<br>A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 L |                        | \$<br>8,234.77 |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Fernando Martinez

|  | Total | claim    |
|--|-------|----------|
| From Part 4 on Schedule E/F, copy the following:   |       |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 950.00   |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$    | 4,881.93 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 5,831.93 |

| E:II   |                      |                     |                       |             |   |  |  |   |
|--------|----------------------|---------------------|-----------------------|-------------|---|--|--|---|
|        | in this information  | n to identify you   | ur case and this      | filing:     |   |  |  |   |
| Deb    | otor 1 <b>Fe</b>     | ernando Martii      | nez                   |             |   |  |  |   |
|        |                      | st Name             | Middle N              | ame         | Last Name   |  |  |   |
|        |                      | atricia Martine     |                       |             |   |  |  |   |
| (Spo   | use, if filing) Firs | st Name             | Middle N              | ame         | Last Name   |  |  |   |
| Uni    | ted States Bankrupt  | tcy Court for the:  | SOUTHERN              | DISTR       | RICT OF CALIFORNIA  |  |  |   |
| Cas    | se number            |                     |                       |             |   |  |  | ☐ Check if this is ar amended filing  |
| <br>∩f | ficial Form          | 1064/R              |                       |             |   |  |  | 9   |
| _      | chedule A            |                     | perty                 |             |   |  |  | 12/15   |
| . D    |                      | ny legal or equital |                       |             | Estate You Own or Have an Interest In ence, building, land, or similar property?  |  |  |   |
| 1.1    | 2585 Cypress A       |                     | on .                  | What i  ■ □ | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative   | the amount   | of any secured   | ims or exemptions. Put<br>d claims on Schedule D:<br>ns Secured by Property.    |
|        |                      |                     |                       |             |   |  |  |   |
|        | Lemon Grove          |                     | 1945-0000             |             | Manufactured or mobile home<br>Land   | Current val  | erty?  | Current value of the portion you own?   |
|        | Lemon Grove          | CA 91<br>State      | 1945-0000<br>ZIP Code |             |   | entire prop<br>\$44<br>Describe th                                 | erty?<br>2,235.00<br>ne nature of y  | portion you own?<br>\$442,235.00<br>our ownership interest                      |
|        |                      |                     |                       |             | Land Investment property Timeshare  | entire prop<br>\$44<br>Describe th<br>(such as fe                  | erty?<br>2,235.00<br>ne nature of y  | portion you own?<br>\$442,235.00<br>our ownership interest                      |
|        | City                 |                     |                       | Uho h       | Land Investment property Timeshare Other  | entire prop<br>\$44<br>Describe th<br>(such as fe                  | erty?<br>12,235.00<br>ne nature of your se simple, tende), if known.                   | portion you own?<br>\$442,235.00<br>our ownership interest                      |
|        | City San Diego       |                     |                       | Who h       | Land Investment property Timeshare Other  | entire prop<br>\$44<br>Describe th<br>(such as fe<br>a life estate | erty?<br>12,235.00<br>ne nature of your se simple, tende), if known.                   | portion you own?<br>\$442,235.00<br>our ownership interest                      |
|        | City                 |                     |                       |             | Land Investment property Timeshare Other  as an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Describe the (such as fea a life estate Fee simp                   | erty? 12,235.00 ne nature of your simple, tense), if known. Die                        | portion you own?<br>\$442,235.00  |
|        | City San Diego       |                     |                       | Who h       | Land Investment property Timeshare Other Las an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Describe the (such as fer a life estate Fee simp                   | ne nature of your simple, tender, if known.  Die if this is commutations)              | portion you own? \$442,235.00 our ownership interest ancy by the entireties, or |
|        | City San Diego       |                     |                       | Who h       | Land Investment property Timeshare Other  as an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Describe the (such as fer a life estate Fee simp                   | ne nature of your simple, tender, if known.  Die if this is commutations)              | portion you own? \$442,235.00 our ownership interest ancy by the entireties, or |
|        | City San Diego       |                     |                       | Who h       | Investment property Timeshare Other as an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this iter                                | Describe the (such as fea a life estate)  Fee simp  Check (see ins | ne nature of yee simple, tende), if known.  ole  if this is commutative constructions) | portion you own? \$442,235.00 our ownership interest ancy by the entireties, or |
|        | City San Diego       |                     |                       | Who h       | Land Investment property Timeshare Other  as an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this iterty identification number: | Describe the (such as fea a life estate)  Fee simp  Check (see ins | ne nature of yee simple, tende), if known.  ole  if this is commutative constructions) | portion you own? \$442,235.00 our ownership interest ancy by the entireties, or |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

|              | tor 1<br>tor 2     | Fernando Mari                        |  |  | Case number (if known)  |               |                                  |
|--------------|--------------------|--------------------------------------|--|--|---|---------------|----------------------------------|
| 3. <b>C</b>  | ars, va            | ns, trucks, tract                    | tors, sport utility ve                       | hicles, motorcycles  |   |               |                                  |
|              | No                 |                                      |  |  |   |               |                                  |
| •            | Yes                |                                      |  |  |   |               |                                  |
| 3.1          | Make<br>Mode       | Explorer                             | Sport SUV 4D                                 | Who has an interest in the property? Check one  Debtor 1 only  | Do not deduct secu<br>the amount of any s<br>Creditors Who Have | secured clair | ms on Schedule D:                |
|              |                    | 2018 oximate mileage: r information: | 17,015                                       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                                       | Current value of the entire property?                           |               | rrent value of the tion you own? |
|              | LEA                | SE INTEREST                          | Г  | ☐ Check if this is community property (see instructions)   | \$33,796.   | 00            | \$33,796.00                      |
| 3.2          | Mode               | Golf GTI                             | SE Hatchback                                 | Who has an interest in the property? Check one  Debtor 1 only  | Do not deduct secu<br>the amount of any s<br>Creditors Who Have | secured clair | ms on Schedule D:                |
|              |                    | 2018 oximate mileage: r information: | 15,697                                       | <ul> <li>□ Debtor 2 only</li> <li>■ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul> | Current value of the entire property?                           |               | rrent value of the tion you own? |
|              | Very               | good condit                          | ion  | Check if this is community property (see instructions)   | \$21,569.   | 00            | \$21,569.00                      |
|              | Yes                | dollar value of                      | the portion you own                          | n for all of your entries from Part 2, including   | any entries for   |               |                                  |
|              |                    |                                      |  | that number here   |   |               | \$55,365.00                      |
| Part<br>Do y |                    |                                      | nal and Household It<br>egal or equitable in | ems<br>terest in any of the following items?   |   | portio        | ent value of the on you own?     |
|              | Example<br>I No    | old goods and fes: Major applian     | urnishings<br>ices, furniture, linens        | , china, kitchenware   |   | claim         | s or exemptions.                 |
|              |                    |                                      | Misc. househol<br>more than \$600            | d goods and furniture. No single item va   | lued at   |               | \$1,200.00                       |
| E            | lectron<br>Example | es: Televisions a                    |  | eo, stereo, and digital equipment; computers, prinedia players, games  | nters, scanners; music co                                       | llections; e  | electronic devices               |
|              |                    | Describe                             |  |  |   |               | <b>A</b>                         |
|              |                    |                                      | Misc. electronic                             | s; no single item worth more than \$600.   |   |               | \$1,000.00                       |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor<br>Debtor |   |  |
|------------------|---|--|
| Exar             | ctibles of value inples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir other collections, memorabilia, collectibles | n, or baseball card collections;                             |
| □ No<br>■ Ye     | os. Describe  |  |
|                  | Misc. personal items; no single item worth more than \$500.   | \$100.00   |
|                  |   |  |
|                  | pment for sports and hobbies inples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments                   | and kayaks; carpentry tools;                                 |
| ■ Ye             | es. Describe  |  |
|                  | Misc. sport and hobby items; no single item worth more than \$600.  | \$200.00   |
| ■ N              | amples: Pistols, rifles, shotguns, ammunition, and related equipment  |  |
|                  | amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  |  |
|                  | Misc. personal clothing; no single item worth more than \$600.  | \$750.00   |
| □ N              | amples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, o es. Describe   | •  |
|                  | Misc. personal jewelry.   | \$2,350.00   |
|                  | Engagement & wedding rings  | \$2,000.00   |
| Exa              | -farm animals amples: Dogs, cats, birds, horses o es. Describe  |  |
|                  | 2 Chihuahuas  | \$200.00   |
| ■ N              | other personal and household items you did not already list, including any health aids you did not list os. Give specific information   |  |
| 15. <b>A</b> c   | d the dollar value of all of your entries from Part 3, including any entries for pages you have attached Part 3. Write that number here   | \$7,800.00   |
| Part 4:          | Describe Your Financial Assets  |  |
| Do you           | own or have any legal or equitable interest in any of the following?  | Current value of the portion you own?  Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 3

claims or exemptions.

| Debtor 1<br>Debtor 2                | Patricia Martinez   |   | Case number (if known)  |                |
|-------------------------------------|---|---|---|----------------|
| 16. <b>Cash</b> <i>Exam</i> ☐ No    | aples: Money you have in yo   | our wallet, in your home                                | e, in a safe deposit box, and on hand when you file your petition   |                |
| Yes.                                |   |   |   |                |
|                                     |   |   | Cash in hand. Not more than:  | \$50.00        |
|                                     |   |   | nts; certificates of deposit; shares in credit unions, brokerage houses, and oth the same institution, list each.                   | er similar     |
|                                     |   |   | Institution name:   |                |
|                                     | 17.1.   | 2 Checking & 1<br>Savings                               | U.S. Bank<br>Balance not more than:   | \$2,400.00     |
|                                     | 17.2.   | Savings   | California Coast Credit Union   | \$0.00         |
| Exam<br>■ No<br>□ Yes.<br>19. Non-p | ublicly traded stock and  | nt accounts with broke                                  | erage firms, money market accounts<br>me:<br>nted and unincorporated businesses, including an interest in an LLC, pa                | rtnership, and |
| joint v<br>□ No                     | venture   |   |   |                |
| ■ Yes.                              | . Give specific information Nan   | about them<br>ne of entity:                             | % of ownership:   |                |
|                                     | rec<br>Ma   | eived as Uber Drive                                     | egarding 1099 Income er, d.b.a. "Fernando of the business are already edule. 100 %  | \$0.00         |
| Negot<br>Non-ri<br>■ No             | tiable instruments include p<br>negotiable instruments are t<br>. Give specific information a | ersonal checks, cashie hose you cannot trans about them | able and non-negotiable instruments ers' checks, promissory notes, and money orders. fer to someone by signing or delivering them.  |                |
| _Exam                               | ement or pension account  |   | (b), thrift savings accounts, or other pension or profit-sharing plans  |                |
| □ No<br>■ Yes.                      | . List each account separate<br>Type o  | ely.<br>f account:                                      | Institution name:   |                |
|                                     | 401(k   | )   | Employer-sponsored 401(k) retirement plan with Mass Mutual Net balance not more than:   | \$5,037.85     |
| Your s<br>Exam                      |   | s you have made so th                                   | at you may continue service or use from a company<br>blic utilities (electric, gas, water), telecommunications companies, or others |                |
| ■ No<br>□ Yes.                      |   |   | Institution name or individual:   |                |
| Official For                        |   | ;   | Schedule A/B: Property  | page 4         |
|                                     |   |   |   |                |

| C                        | Case 19-03886-MM7   | Filed 06/29/19           | Entered 06/29/19 3                            | 15:51:18        | Doc 1           | Pg. 14 of 74  |
|--------------------------|---|--------------------------|---|-----------------|-----------------|---|
| Debtor 1<br>Debtor 2     | Fernando Martinez<br>Patricia Martinez  |                          |   | Case number     | (if known)      |   |
| 23. <b>Annu</b>          | ities (A contract for a periodic pay  | ment of money to you,    | either for life or for a number o             | of years)       |                 |   |
| ■ No                     | Issuer name and   | description.             |   |                 |                 |   |
|                          | sts in an education IRA, in an a  |                          | BI E program or under a qu                    | alified state t | uition progr    | am  |
| 26 U.S                   | S.C. §§ 530(b)(1), 529A(b), and 52  |                          | BEE program, or under a qu                    | aimeu state t   | uition progr    | aiii.   |
| ■ No<br>□ Yes            | Institution name a  | and description. Separat | ely file the records of any inter             | ests.11 U.S.C   | . § 521(c):     |   |
| 25. <b>Trust</b><br>■ No | s, equitable or future interests i  | n property (other than   | anything listed in line 1), an                | d rights or po  | owers exerc     | sable for your benefit  |
| ☐ Yes                    | s. Give specific information about  | them                     |   |                 |                 |   |
| Exan                     | nts, copyrights, trademarks, tradenples: Internet domain names, we                              |                          |   | ents            |                 |   |
| ■ No<br>□ Yes            | s. Give specific information about  | them                     |   |                 |                 |   |
|                          | uses, franchises, and other general places: Building permits, exclusive                         |                          | sociation holdings, liquor licer              | nses, professio | onal licenses   |   |
| ■ No                     | s. Give specific information about  | thom                     |   |                 |                 |   |
|                          |   | uieii                    |   |                 |                 | Current value of the  |
| Money o                  | r property owed to you?   |                          |   |                 |                 | portion you own?  Do not deduct secured claims or exemptions. |
| 28. <b>Tax r</b> o       | efunds owed to you  |                          |   |                 |                 |   |
|                          | s. Give specific information about  | them, including whether  | you already filed the returns a               | and the tax yea | ars             |   |
|                          |   |                          |   | _               |                 |   |
|                          |   |                          | ata portion of 2019 IRS & tax return refunds. | Combine sta     | ned IRS &<br>te | \$500.00  |
|                          |   |                          |   |                 |                 |   |
|                          |   | 2018 Tax Refund          |   |                 |                 | \$1,473.00  |
| Exan<br>■ No             | ly support  nples: Past due or lump sum alimo  s. Give specific information                     | ony, spousal support, ch | ild support, maintenance, divo                | orce settlemen  | t, property se  | ttlement  |
| Exan                     | r amounts someone owes you<br>nples: Unpaid wages, disability ins<br>benefits; unpaid loans you |                          | oility benefits, sick pay, vacatio            | on pay, worke   | rs' compensa    | ation, Social Security  |
| ■ No<br>□ Yes            | s. Give specific information  |                          |   |                 |                 |   |
| Exan                     | ests in insurance policies nples: Health, disability, or life insu                              | urance; health savings a | ccount (HSA); credit, homeow                  | ner's, or rente | r's insurance   |   |
| ■ No<br>□ Yes            | s. Name the insurance company o<br>Company  |                          | value.<br>Beneficia                           | ary:            |                 | Surrender or refund   |

Official Form 106A/B Schedule A/B: Property page 5

value:

Case 19-03886-MM7 Filed 06/29/19 Entered 06/29/19 15:51:18 Doc 1 Pg. 15 of 74 Debtor 1 **Fernando Martinez** Debtor 2 **Patricia Martinez** Case number (if known) 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... ☐ Yes. Describe each claim....... ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$9.460.85 for Part 4. Write that number here.....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims 35. Any financial assets you did not already list Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00

Official Form 106A/B Schedule A/B: Property page 6

#### Case 19-03886-MM7 Filed 06/29/19 Entered 06/29/19 15:51:18 Doc 1 Pg. 16 of 74

**Fernando Martinez** Debtor 1 Debtor 2 **Patricia Martinez** Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$442,235.00 Part 2: Total vehicles, line 5 56. \$55,365.00 57. Part 3: Total personal and household items, line 15 \$7,800.00 58. Part 4: Total financial assets, line 36 \$9,460.85 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$72,625.85 \$72,625.85 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$514,860.85

Official Form 106A/B Schedule A/B: Property page 7

| Fill in this inforr                     | mation to identify your | case:             |               |                                      |
|---|-------------------------|-------------------|---------------|--------------------------------------|
| Debtor 1                                | Fernando Martine        | ez                |               |                                      |
|   | First Name              | Middle Name       | Last Name     |                                      |
| Debtor 2                                | Patricia Martinez       |                   |               |                                      |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name     |                                      |
| United States Bankruptcy Court for the: |                         | SOUTHERN DISTRICT | OF CALIFORNIA |                                      |
| Case number _                           |                         |                   |               | Charle if this is an                 |
| (II KIIOWII)                            |                         |                   |               | ☐ Check if this is an amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|---|--------------------------------------|-----|---|------------------------------------|--|
|   | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |  |
| 2585 Cypress Avenue Lemon Grove,<br>CA 91945 San Diego County                       | \$442,235.00                         |     | \$100,000.00  | C.C.P. § 704.730                   |  |
| Debtors' residence; 3 bedroom, 1 bathroom house. Line from Schedule A/B: 1.1        |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc. household goods and furniture.<br>No single item valued at more than          | \$1,200.00                           |     | \$1,200.00  | C.C.P. § 704.020                   |  |
| \$600.<br>Line from Schedule A/B: 6.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc. electronics; no single item worth more than \$600.                            | \$1,000.00                           |     | \$1,000.00  | C.C.P. § 704.020                   |  |
| Line from Schedule A/B: 7.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc. personal items; no single item worth more than \$500.                         | \$100.00                             |     | \$100.00  | C.C.P. § 704.020                   |  |
| Line from Schedule A/B: 8.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc. sport and hobby items; no single item worth more than \$600.                  | \$200.00                             |     | \$200.00  | C.C.P. § 704.020                   |  |
| Line from Schedule A/B: 9.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |

|   | Fernando Martinez Patricia Martinez  |                                      |         | Case number (if known)  |                                    |
|---|--|--------------------------------------|---------|---|------------------------------------|
|   | Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|   |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|   | Misc. personal clothing; no single item worth more than \$600.   | \$750.00                             |         | \$750.00  | C.C.P. § 704.020                   |
|   | Line from Schedule A/B: 11.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Misc. personal jewelry. Line from Schedule A/B: 12.1   | \$2,350.00                           |         | \$2,350.00  | C.C.P. § 704.040                   |
|   | Ellic Holli Gonedale 74 B. 1211  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Engagement & wedding rings Line from Schedule A/B: 12.2  | \$2,000.00                           |         | \$2,000.00  | C.C.P. § 704.040                   |
|   | Ellie Holli Gonedale 74 B. 12.2  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | 2 Chihuahuas Line from Schedule A/B: 13.1  | \$200.00                             |         | \$200.00  | C.C.P. § 704.020                   |
|   | Line nom Schedule A/B. 13.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Cash in hand.<br>Not more than:  | \$50.00                              |         | \$37.50   | C.C.P. § 704.070                   |
|   | Line from Schedule A/B: 16.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | 2 Checking & 1 Savings: U.S. Bank<br>Balance not more than:  | \$2,400.00                           |         | \$1,800.00  | C.C.P. § 704.070                   |
|   | Line from Schedule A/B: 17.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | 401(k): Employer-sponsored 401(k) retirement plan with Mass Mutual   | \$5,037.85                           |         | 100%  | 11 U.S.C. § 522(b)(3)(C)           |
| Net balance not more than: Line from Schedule A/B: 21.1 |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 ■ No ■ Yes. Did you acquire the property covered | 3 years after that for ca            | ises fi | ·   | ,                                  |
|   | □ No<br>□ Yes  |                                      |         |   |                                    |

|                         |                              |  |  | •  |                             |
|-------------------------|------------------------------|--|--|--|-----------------------------|
| Fill in this informati  | ion to identify you          | r case:  |  |  |                             |
|                         | Fernando Martin              |  |  |  |                             |
| '                       |                              | Middle Name Last Name  |  |  |                             |
|                         | Patricia Martinez First Name | Middle Name Last Name  |  |  |                             |
| United States Bankru    | uptcy Court for the:         | SOUTHERN DISTRICT OF CALIFORNIA  |  |  |                             |
| Case number             |                              |  |  |  |                             |
| (if known)              |                              |  |  |  | if this is an<br>ded filing |
| Official Form 1         |                              |  |  |  |                             |
| Schedule D              | : Creditors                  | Who Have Claims Secured  | l by Propert   | У  | 12/15                       |
|                         | lditional Page, fill it o    | two married people are filing together, both are equut, number the entries, and attach it to this form. Or |  |  |                             |
| `                       | -                            | • • • •  | u baya nathina alaa t                                  | a rapart on this form                        |                             |
| _                       | of the information b         | is form to the court with your other schedules. You  | ou have nothing else t                                 | o report on this form.                       |                             |
|                         | ecured Claims                | GIOW.  |  |  |                             |
|                         |                              | nore than one secured claim, list the creditor separately  | Column A   | Column B                                     | Column C                    |
| for each claim. If more | than one creditor has        | a particular claim, list the other creditors in Part 2. As all order according to the creditor's name.     | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1 Cal HFA             |                              | Describe the property that secures the claim:  | \$9,950.00   | \$442,235.00                                 | \$0.00                      |
| Creditor's Name         |                              | 2585 Cypress Avenue Lemon Grove,   | · · · · · · · · · · · · · · · · · · ·                  |  |                             |
| Loan Admin              | istration                    | CA 91945 San Diego County  |  |  |                             |
| MS-350                  |                              | Debtors' residence; 3 bedroom, 1   |  |  |                             |
| 500 Capital M           | Mall, Suite                  | bathroom house.  As of the date you file, the claim is: Check all that                                     |  |  |                             |
| 400                     |                              | apply.   |  |  |                             |
| Sacramento,             | , CA 95814                   | ☐ Contingent   |  |  |                             |
| Number, Street, City    | , State & Zip Code           | ☐ Unliquidated   |  |  |                             |
| Who owes the debt?      | Check one.                   | ☐ Disputed  Nature of lien. Check all that apply.  |  |  |                             |
| Debtor 1 only           |                              | ☐ An agreement you made (such as mortgage or sec   | ured   |  |                             |
| Debtor 2 only           |                              | car loan)  |  |  |                             |
| ■ Debtor 1 and Debto    | r 2 only                     | ☐ Statutory lien (such as tax lien, mechanic's lien)   |  |  |                             |
| ☐ At least one of the d | ,                            | ☐ Judgment lien from a lawsuit   |  |  |                             |
| ■ Check if this claim   |                              | ■ Other (including a right to offset) 2nd Deed o   | f Trust  |  |                             |
|                         |                              |  |  |  |                             |

community debt

Date debt was incurred

Last 4 digits of account number

4917

| Debtor       | 1 Fernando Martinez                            |  | Case number (if known) |              |            |  |  |  |  |
|--------------|--|--|------------------------|--------------|------------|--|--|--|--|
|              | First Name Middle                              | Name Last Name   |                        |              |            |  |  |  |  |
| Debtor       |  |  |                        |              |            |  |  |  |  |
|              | First Name Middle                              | Name Last Name   |                        |              |            |  |  |  |  |
| 2.2 <b>C</b> | Cal HFA  | Describe the property that secures the claim:                          | \$18,150.66            | \$442,235.00 | \$0.00     |  |  |  |  |
| С            | reditor's Name                                 | 2585 Cypress Avenue Lemon Grove,                                       |                        |              |            |  |  |  |  |
| L            | oan Administration                             | CA 91945 San Diego County  |                        |              |            |  |  |  |  |
| N            | /IS-350  | Debtors' residence; 3 bedroom, 1                                       |                        |              |            |  |  |  |  |
|              | 00 Capital Mall, Suite                         | bathroom house.  As of the date you file, the claim is: Check all that |                        |              |            |  |  |  |  |
| -            | 00   | apply.   |                        |              |            |  |  |  |  |
|              | Sacramento, CA 95814                           | Contingent   |                        |              |            |  |  |  |  |
| N            | umber, Street, City, State & Zip Code          | Unliquidated   |                        |              |            |  |  |  |  |
|              | 4 1140 0                                       | ☐ Disputed   |                        |              |            |  |  |  |  |
| _            | wes the debt? Check one.                       | Nature of lien. Check all that apply.                                  |                        |              |            |  |  |  |  |
|              | tor 1 only<br>tor 2 only                       | ☐ An agreement you made (such as mortgage or second car loan)          | ecured                 |              |            |  |  |  |  |
| ■ Deb        | tor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)                   |                        |              |            |  |  |  |  |
| ☐ At le      | east one of the debtors and another            | ☐ Judgment lien from a lawsuit   |                        |              |            |  |  |  |  |
|              | ck if this claim relates to a<br>nmunity debt  | ■ Other (including a right to offset) 3rd Deed                         | of Trust               |              |            |  |  |  |  |
| Date de      | ebt was incurred                               | Last 4 digits of account number 4918                                   |                        |              |            |  |  |  |  |
| 2.3 <b>F</b> | Ford Credit                                    | Describe the property that secures the claim:                          | \$38,810.22            | \$33,796.00  | \$5,014.22 |  |  |  |  |
| С            | reditor's Name                                 | 2018 Ford Explorer Sport SUV 4D  |                        |              |            |  |  |  |  |
|              |  | 17,015 miles   |                        |              |            |  |  |  |  |
|              |  | LEASE INTEREST   |                        |              |            |  |  |  |  |
| P            | PO Box 542000                                  | As of the date you file, the claim is: Check all that apply.           |                        |              |            |  |  |  |  |
| C            | Omaha, NE 68154-8000                           | ☐ Contingent   |                        |              |            |  |  |  |  |
| N            | umber, Street, City, State & Zip Code          | ☐ Unliquidated   |                        |              |            |  |  |  |  |
|              |  | Disputed   |                        |              |            |  |  |  |  |
| Who o        | wes the debt? Check one.                       | Nature of lien. Check all that apply.                                  |                        |              |            |  |  |  |  |
| ☐ Deb        | tor 1 only                                     | ☐ An agreement you made (such as mortgage or se                        | ecured                 |              |            |  |  |  |  |
| ☐ Deb        | tor 2 only                                     | car loan)  |                        |              |            |  |  |  |  |
| Deb          | tor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, mechanic's lien)                   |                        |              |            |  |  |  |  |
| ☐ At le      | east one of the debtors and another            | ☐ Judgment lien from a lawsuit   |                        |              |            |  |  |  |  |
|              | eck if this claim relates to a<br>mmunity debt | Other (including a right to offset)                                    |                        |              |            |  |  |  |  |
| Date de      | ebt was incurred                               | Last 4 digits of account number 8017                                   |                        |              |            |  |  |  |  |

| Debtor 1  | Fernando Martinez                           |  | Case number (if known) |                     |        |  |  |  |  |  |
|-----------|---|--|------------------------|---------------------|--------|--|--|--|--|--|
|           | First Name Middle N                         | Name Last Name   |                        |                     |        |  |  |  |  |  |
| Debtor 2  | Patricia Martinez                           |  |                        |                     |        |  |  |  |  |  |
|           | First Name Middle N                         | Name Last Name   |                        |                     |        |  |  |  |  |  |
| 2 / 1     | enovate America:                            |  | <b>*07.040.00</b>      | <b>\$440.005.00</b> | 40.00  |  |  |  |  |  |
| HE        | ERO Program                                 | Describe the property that secures the claim:                          | \$27,310.00            | \$442,235.00        | \$0.00 |  |  |  |  |  |
| Cre       | editor's Name                               | 2585 Cypress Avenue Lemon Grove,                                       |                        |                     |        |  |  |  |  |  |
|           |   | CA 91945 San Diego County  |                        |                     |        |  |  |  |  |  |
|           |   | Debtors' residence; 3 bedroom, 1                                       |                        |                     |        |  |  |  |  |  |
|           |   | bathroom house.  As of the date you file, the claim is: Check all that |                        |                     |        |  |  |  |  |  |
|           | 073 Avenue of Science                       | apply.   |                        |                     |        |  |  |  |  |  |
| Sa        | an Diego, CA 92128                          | ☐ Contingent   |                        |                     |        |  |  |  |  |  |
| Nun       | mber, Street, City, State & Zip Code        | ☐ Unliquidated   |                        |                     |        |  |  |  |  |  |
|           |   | ☐ Disputed   |                        |                     |        |  |  |  |  |  |
| Who ow    | es the debt? Check one.                     | Nature of lien. Check all that apply.                                  |                        |                     |        |  |  |  |  |  |
| ☐ Debto   | •   | ☐ An agreement you made (such as mortgage or secar loan)               | ecured                 |                     |        |  |  |  |  |  |
| _         | or 1 and Debtor 2 only                      | ☐ Statutory lien (such as tax lien, mechanic's lien)                   |                        |                     |        |  |  |  |  |  |
|           | st one of the debtors and another           |  |                        |                     |        |  |  |  |  |  |
| _         |   | ☐ Judgment lien from a lawsuit   | of Trust (HERO Progr   | ·am)                |        |  |  |  |  |  |
|           | k if this claim relates to a<br>munity debt | Other (including a right to offset)                                    | or must (mento i rogi  | amy                 |        |  |  |  |  |  |
| Date deb  | t was incurred 11/14/2016                   | Last 4 digits of account number 8426                                   |                        |                     |        |  |  |  |  |  |
| 2.5 U.S   | S. Bank Home                                |  | ****                   |                     |        |  |  |  |  |  |
| MC        | ortgage                                     | Describe the property that secures the claim:                          | \$310,431.76           | \$442,235.00        | \$0.00 |  |  |  |  |  |
| Cre       | editor's Name                               | 2585 Cypress Avenue Lemon Grove,                                       |                        |                     |        |  |  |  |  |  |
|           |   | CA 91945 San Diego County  |                        |                     |        |  |  |  |  |  |
|           |   | Debtors' residence; 3 bedroom, 1                                       |                        |                     |        |  |  |  |  |  |
|           |   | bathroom house.  |                        |                     |        |  |  |  |  |  |
| 48        | 01 Frederica Street                         | As of the date you file, the claim is: Check all that apply.           |                        |                     |        |  |  |  |  |  |
| Ov        | wensboro, KY 42301                          | Contingent   |                        |                     |        |  |  |  |  |  |
| Nun       | mber, Street, City, State & Zip Code        | □ Unliquidated   |                        |                     |        |  |  |  |  |  |
|           |   | ☐ Disputed   |                        |                     |        |  |  |  |  |  |
| Who ow    | es the debt? Check one.                     | Nature of lien. Check all that apply.                                  |                        |                     |        |  |  |  |  |  |
| ☐ Debto   | or 1 only                                   | ☐ An agreement you made (such as mortgage or se                        | ecured                 |                     |        |  |  |  |  |  |
| ☐ Debto   | or 2 only                                   | car loan)  |                        |                     |        |  |  |  |  |  |
| Debto     | or 1 and Debtor 2 only                      | ☐ Statutory lien (such as tax lien, mechanic's lien)                   |                        |                     |        |  |  |  |  |  |
| ☐ At leas | st one of the debtors and another           | ☐ Judgment lien from a lawsuit   |                        |                     |        |  |  |  |  |  |
|           | k if this claim relates to a<br>munity debt | Other (including a right to offset) Deed of T                          | rust                   |                     |        |  |  |  |  |  |
|           | ot was incurred                             | Last 4 digits of account number 1733                                   |                        |                     |        |  |  |  |  |  |
|           |   |  |                        |                     |        |  |  |  |  |  |

#### Case 19-03886-MM7 Filed 06/29/19 Entered 06/29/19 15:51:18 Doc 1 Pg. 22 of 74

| Debtor 1      | Fernando               | Martinez            | Cas  |                        |            | ase number (if known) |             |             |  |  |  |
|---------------|------------------------|---------------------|--|------------------------|------------|-----------------------|-------------|-------------|--|--|--|
|               | First Name             | Middle N            | ame Last Name  | )                      |            | _                     |             |             |  |  |  |
| Debtor 2      | Patricia M             |                     |  |                        |            |                       |             |             |  |  |  |
|               | First Name             | Middle N            | ame Last Name  | •                      |            |                       |             |             |  |  |  |
| 2.6 <b>Vo</b> | lkswagon C             | Credit, Inc.        | Describe the property that se                        | cures the claim:       | \$3        | 3,000.22              | \$21,569.00 | \$11,431.22 |  |  |  |
| Cred          | litor's Name           |                     | 2018 VW Golf GTI SE H                                | łatchback              |            |                       |             |             |  |  |  |
|               |                        |                     | 15,697 miles   |                        |            |                       |             |             |  |  |  |
| PO            | Box 7498               |                     | Very good condition                                  |                        |            |                       |             |             |  |  |  |
|               | ertyville, IL          | _                   | As of the date you file, the cla                     | aim is: Check all that |            |                       |             |             |  |  |  |
|               | 048-7498               | •                   | apply.  Contingent                                   |                        |            |                       |             |             |  |  |  |
| Num           | ber, Street, City, S   | State & Zin Code    | Unliquidated   |                        |            |                       |             |             |  |  |  |
| Num           | iber, Otreet, Oity, C  | state & Zip Code    | ·  |                        |            |                       |             |             |  |  |  |
| Who owe       | s the debt? C          | Check one.          | Disputed  Nature of lien. Check all that apply.      |                        |            |                       |             |             |  |  |  |
| ☐ Debtor      | 1 only                 |                     | ☐ An agreement you made (such as mortgage or secured |                        |            |                       |             |             |  |  |  |
| ☐ Debtor      | 2 only                 |                     | car loan)  |                        |            |                       |             |             |  |  |  |
| ■ Debtor      | 1 and Debtor 2         | 2 only              | ☐ Statutory lien (such as tax li                     | en, mechanic's lien)   | )          |                       |             |             |  |  |  |
| ☐ At leas     | t one of the deb       | otors and another   | ☐ Judgment lien from a lawsu                         | it                     |            |                       |             |             |  |  |  |
|               | if this claim renumber | elates to a         | Other (including a right to o                        | Purchase               | e Money Se | ecurity Interest      | :           |             |  |  |  |
| Date debt     | was incurred           | 5/27/2018           | Last 4 digits of accoun                              | nt number 199          | 8          |                       |             |             |  |  |  |
|               |                        |                     |  |                        |            |                       |             |             |  |  |  |
| Add the       | dollar value o         | f your entries in C | column A on this page. Write th                      | at number here:        |            | \$437,652.86          | 1           |             |  |  |  |
| If this is    | the last page          | of your form, add   | the dollar value totals from all                     |                        |            | \$437.652.86          | -           |             |  |  |  |
| write th      | at number her          | e:                  |  |                        |            | +,                    | _           |             |  |  |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Ħ                         | II in this informa  | ation to identify your  | case:  |  |                                   |               |  |   |                        |                |
|---------------------------|---|---|--|--|-----------------------------------|---------------|--|---|------------------------|----------------|
|                           | ebtor 1   | Fernando Martine  |  |  |                                   |               |  |   |                        |                |
|                           | 20101 1   | First Name  | Middle   | Name   | Last Nam                          | е             |  |   |                        |                |
| D€                        | ebtor 2   | Patricia Martinez   |  |  |                                   |               |  |   |                        |                |
| (Sp                       | oouse if, filing)   | First Name  | Middle   | Name   | Last Nam                          | е             |  |   |                        |                |
| Ur                        | nited States Banl   | kruptcy Court for the:  | SOUTHER  | RN DISTRICT OF   | CALIFORNI                         | A             |  |   |                        |                |
| _                         |   |   |  |  |                                   |               | _  |   |                        |                |
|                           | ase number<br>mown)   |   |  | <del></del>  |                                   |               |  | □ Chec                                    | k if this is a         | an             |
| Ì                         | ,   |   |  |  |                                   |               |  | _   | ded filing             | ***            |
| $\sim$                    | fficial Form  | 106E/E  |  |  |                                   |               |  |   |                        |                |
|                           | fficial Form  | <u>⊤≀00⊑/୮</u><br>F: Creditors W  | /ho Hav  | o Uneocura   | d Claim                           | •             |  |   | 12/1                   | 5              |
|                           |   | accurate as possible. Us  |  |  |                                   |               | or creditors with NON                          | JPRIORITY claims                          |                        |                |
| Sch<br>Sch<br>left<br>nan | nedule G: Executonedule D: Crediton<br>Attach the Contine<br>ne and case numl | acts or unexpired leases<br>ory Contracts and Unexp<br>rs Who Have Claims Sec<br>nuation Page to this pag<br>ber (if known).<br>of Your PRIORITY Ur | pired Leases (<br>cured by Prop<br>ge. If you have | Official Form 106G<br>erty. If more space<br>e no information to | i). Do not incluis is needed, co  | ide any cre   | ditors with partially a you need, fill it out, | secured claims that<br>number the entries | are listed in the boxe | n<br>es on the |
|                           |   | s have priority unsecure  |  |  |                                   |               |  |   |                        |                |
|                           | ☐ No. Go to Pa  | • •   |  |  |                                   |               |  |   |                        |                |
|                           | Yes.  |   |  |  |                                   |               |  |   |                        |                |
| 2.                        | identify what type possible, list the   | oriority unsecured claim<br>e of claim it is. If a claim ha<br>claims in alphabetical ord<br>an one creditor holds a pa                             | as both priority<br>er according to                | and nonpriority amo  | ounts, list that e. If you have n | claim here a  | nd show both priority                          | and nonpriority amou                      | nts. As mucl           | h as           |
|                           | (For an explanat  | ion of each type of claim,  | see the instruc                                    | ctions for this form in  | the instruction                   | booklet.)     | Total claim                                    | Priority                                  | Nonprio                | rity           |
|                           |   |   |  |  |                                   |               |  | amount                                    | amount                 | •              |
| 2.1                       | Californi Priority Cred   | a Franchise Tax Bo  | pard   | Last 4 digits of acc   | count number                      |               | \$950.00                                       | \$950.00                                  | <u> </u>               | \$0.00         |
|                           | •   | tcy Section, MS A-  | 340  | When was the deb   | t incurred?                       | 2018          |  | _   |                        |                |
|                           |   | nto, CA 95812-295   |  | A  | file the eleien                   | : O           | H.d. accept                                    |   |                        |                |
|                           |   | eet City State Zip Code the debt? Check one.  |  | As of the date you   | file, the claim                   | is: Check a   | all that apply                                 |   |                        |                |
|                           | _   |   |  | ☐ Contingent   |                                   |               |  |   |                        |                |
|                           | Debtor 1 on   | •   |  | Unliquidated   |                                   |               |  |   |                        |                |
|                           | Debtor 2 on   | •   |  | ☐ Disputed   |                                   |               |  |   |                        |                |
|                           | Debtor 1 an   | d Debtor 2 only   |  | Type of PRIORITY   | unsecured cla                     | im:           |  |   |                        |                |
|                           | ☐ At least one  | of the debtors and another  | er   | ☐ Domestic support   | rt obligations                    |               |  |   |                        |                |
|                           | ☐ Check if th   | is claim is for a commu   | nity debt  | Taxes and certain  | in other debts                    | ou owe the    | government                                     |   |                        |                |
|                           | Is the claim su   | bject to offset?  |  | ☐ Claims for death   | or personal in                    | ury while yo  | ou were intoxicated                            |   |                        |                |
|                           | ■ No  |   |  | Other. Specify   |                                   |               |  |   |                        |                |
|                           | ☐ Yes   |   |  |  | California                        | Franchis      | e Tax Board Inc                                | ome Tax                                   | _                      |                |
|                           |   |   |  |  |                                   |               |  |   |                        |                |
| Pa                        | art 2: List All   | of Your NONPRIORIT  | Y Unsecure   | ed Claims  |                                   |               |  |   |                        |                |
| 3.                        | Do any creditor   | s have nonpriority unse   | cured claims                                       | against you?   |                                   |               |  |   |                        |                |
|                           | ☐ No. You have  | nothing to report in this p   | art. Submit thi                                    | s form to the court w  | vith your other                   | schedules.    |  |   |                        |                |
|                           | Yes.  |   |  |  |                                   |               |  |   |                        |                |
| 4.                        | unsecured claim   | nonpriority unsecured cl<br>, list the creditor separatel<br>r holds a particular claim, l  | y for each clair                                   | m. For each claim lis  | sted, identify w                  | nat type of o | laim it is. Do not list cl                     | aims already include                      | d in Part 1. I         | f more         |

Total claim

|     | Fernando Martinez Patricia Martinez                                  |  | Case number (if known)                       |            |
|-----|--|--|--|------------|
| 4.1 | American Express   | Last 4 digits of account number                              | 1007   | \$8,853.32 |
|     | Nonpriority Creditor's Name P.O. Box 981535 El Paso, TX 79998-1535   | When was the debt incurred?                                  | 6/18 - 4/19                                  |            |
| _   | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |  |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|     | ■ Check if this claim is for a community                             | ☐ Student loans  |  |            |
|     | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes  | Other. Specify Credit card                                   |  |            |
|     | American Express Nonpriority Creditor's Name                         | Last 4 digits of account number                              | 1006   | \$4,458.00 |
|     | Box 0001<br>Los Angeles, CA 90096-8000                               | When was the debt incurred?                                  | 6/18 - 4/19                                  |            |
|     | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | Debtor 1 only  | ☐ Contingent   |  |            |
|     | Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                     |            |
|     | ■ Check if this claim is for a community                             | ☐ Student loans  |  |            |
|     | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes  | Other. Specify Misc. Cons                                    | umer Debt                                    |            |
|     | Best Buy Credit Services Nonpriority Creditor's Name                 | Last 4 digits of account number                              | 1734   | \$1,519.41 |
|     | PO Box 790441<br>Saint Louis, MO 63179                               | When was the debt incurred?                                  | 12/18 - 5/19                                 |            |
| _   | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|     | ☐ Debtor 1 only  | ☐ Contingent   |  |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|     | ■ Check if this claim is for a community debt                        | Student loans  |  |            |
|     | Is the claim subject to offset?                                      | report as priority claims                                    | ration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|     | Yes  | ■ Other, Specify Credit card                                 |  |            |

| Debtor<br>Debtor | 1 Fernando Martinez 2 Patricia Martinez                              |  | Case number (if known)                       |             |
|------------------|--|--|--|-------------|
| 4.4              | California Coast Credit Union Nonpriority Creditor's Name            | Last 4 digits of account number                              | 0596   | \$2,106.00  |
|                  | P.O. Box 502080<br>San Diego, CA 92150-2080                          | When was the debt incurred?                                  | 6/18-2/19                                    |             |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |             |
|                  | ☐ Debtor 1 only  | ☐ Contingent   |  |             |
|                  | ☐ Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|                  | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|                  | ■ Check if this claim is for a community                             | ☐ Student loans  |  |             |
|                  | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
|                  | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |             |
|                  | Yes  | Other. Specify Line of Cre                                   | dit  |             |
| 4.5              | California Coast Credit Union  | Last 4 digits of account number                              | 9682   | \$12,256.00 |
|                  | Nonpriority Creditor's Name P.O. Box 501550 San Diego, CA 92150      | When was the debt incurred?                                  | 10/2017                                      |             |
|                  | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | s: Check all that apply                      |             |
|                  | Debtor 1 only  | ☐ Contingent   |  |             |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|                  | At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                | I claim:                                     |             |
|                  | Check if this claim is for a community                               | ☐ Student loans  |  |             |
|                  | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims |  |             |
|                  | No   | Debts to pension or profit-sharing                           | 5 T  |             |
|                  | Yes  | Other. Specify Personal L                                    | oan  |             |
| 4.6              | Capital One Nonpriority Creditor's Name                              | Last 4 digits of account number                              | 2243   | \$6,064.92  |
|                  | PO Box 30285<br>Salt Lake City, UT 84130-0285                        | When was the debt incurred?                                  | 11/18 - 2/19                                 |             |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim i                         | s: Check all that apply                      |             |
|                  | Debtor 1 only  | ☐ Contingent   |  |             |
|                  | Debtor 2 only  | ☐ Unliquidated   |  |             |
|                  | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |             |
|                  | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
|                  | ■ Check if this claim is for a community debt                        | ☐ Student loans ☐ Obligations arising out of a sepa          | ration agreement or divorce that you did not |             |
|                  | Is the claim subject to offset?                                      | report as priority claims                                    | 5  |             |
|                  | ■ No   | $\square$ Debts to pension or profit-sharin                  | g plans, and other similar debts             |             |
|                  | ☐ Yes  | ■ Other, Specify Credit card                                 |  |             |

| Debtor 2 | Fernando Martinez Patricia Martinez   |  | Case number (if known)                       |            |
|----------|---|--|--|------------|
| l I      | Chase   | Last 4 digits of account number                              | 6791   | \$2,512.80 |
|          | Nonpriority Creditor's Name P.O. Box 15298 Wilmington, DE 19850-5298                    | When was the debt incurred?                                  | Pre-2018                                     |            |
| -        | Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|          | ☐ Debtor 1 only   | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | I claim:                                     |            |
|          | ■ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  |  | ration agreement or divorce that you did not |            |
|          | ■ No  | ☐ Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|          | ☐ Yes   | Other. Specify Credit card                                   |  |            |
|          | Comenity Capital Bank   | Last 4 digits of account number                              | 0792   | \$6,364.57 |
|          | Nonpriority Creditor's Name PO Box 183043 Columbus, OH 43218-3043                       | When was the debt incurred?                                  | 2017 - 11/18                                 |            |
|          | Number Street City State Zip Code   | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.   |  |  |            |
|          | Debtor 1 only   | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | I claim:                                     |            |
|          | ■ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify Zales Credi                                   | t card                                       |            |
|          | Equifax   | Last 4 digits of account number                              |  | \$0.00     |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 740241                      | When was the debt incurred?                                  |  |            |
| _        | Atlanta, GA 30374  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | l claim:                                     |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | _  | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|          | ☐ Yes   | ■ Other. Specify Notice Only                                 | ,  |            |

|          | r 1 Fernando Martinez<br>r 2 Patricia Martinez  | Case number (if known)  |             |
|----------|---|---|-------------|
| 4.1<br>0 | Experian  | Last 4 digits of account number   | \$0.00      |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 2002 Allen, TX 75013      | When was the debt incurred?   |             |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply   |             |
|          | ■ Debtor 1 only   | ☐ Contingent  |             |
|          | Debtor 2 only   | ☐ Unliquidated  |             |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|          | $\square$ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:  |             |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |             |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | Yes   | ■ Other. Specify Notice Only  |             |
| 4.1      | Home Depot Credit Services  | Last 4 digits of account number 9364  | \$11,395.27 |
|          | Nonpriority Creditor's Name PO Box 790328 Saint Louis, MO 63179                       | When was the debt incurred? 2016 - 2/2019   |             |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                  | As of the date you file, the claim is: Check all that apply   |             |
|          | ☐ Debtor 1 only   | ☐ Contingent  |             |
|          | Debtor 2 only   | ☐ Unliquidated  |             |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|          | Check if this claim is for a community  | ☐ Student loans   |             |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | Yes   | Other. Specify Credit card  |             |
| 4.1      | Macy's Bankruptcy Processing  | Last 4 digits of account number 1303  | \$556.97    |
|          | Nonpriority Creditor's Name P.O. Box 8053   | When was the debt incurred? 5/2018 - 5/2019   |             |
|          | Mason, OH 45040  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
|          | Debtor 1 only   | ☐ Contingent  |             |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |             |
|          | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|          | Check if this claim is for a community  | Student loans   |             |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|          | □Yes  | ■ Other Specify Credit card   |             |
|          |   | - · · · · · · · · · · · · · · · · · · ·   |             |

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|                    | 1 Fernando<br>2 Patricia N           |                                    |   | Case n      | umber (if knov    | wn)  |                       |
|--------------------|--------------------------------------|------------------------------------|---|-------------|-------------------|--|-----------------------|
| 4.1                | Nelnet                               |                                    | Last 4 digits of account numbe  | r 3398      | <b>;</b>          |  | \$4,881.93            |
|                    | P.O. Box 82                          |                                    | When was the debt incurred?   | 2009        | )                 |  |                       |
|                    |                                      | City State Zip Code                | As of the date you file, the clair  | n is: Checl | k all that apply  | 1  |                       |
|                    | Who incurred t                       | the debt? Check one.               |   |             |                   |  |                       |
|                    | ☐ Debtor 1 onl                       | у                                  | ☐ Contingent  |             |                   |  |                       |
|                    | Debtor 2 onl                         | у                                  | ☐ Unliquidated  |             |                   |  |                       |
|                    | ■ Debtor 1 and                       | d Debtor 2 only                    | ☐ Disputed  |             |                   |  |                       |
|                    | ☐ At least one                       | of the debtors and another         | Type of NONPRIORITY unsecu  | ed claim:   |                   |  |                       |
|                    | Check if thi                         | s claim is for a community         | Student loans   |             |                   |  |                       |
|                    | debt                                 | bject to offset?                   | ☐ Obligations arising out of a se report as priority claims   | paration aç | greement or di    | ivorce that you did not  |                       |
|                    | ■ No                                 |                                    | Debts to pension or profit-sha  | ring plans, | and other sim     | ilar debts   |                       |
|                    | ☐ Yes                                |                                    | Other. Specify  |             |                   |  |                       |
|                    |                                      |                                    | Education   | nal         |                   |  |                       |
| 4.1                | Transunion                           |                                    | Last 4 digits of account numbe  | r           |                   |  | \$0.00                |
|                    | P.O. Box 10                          | uptcy Dept.<br>000                 | When was the debt incurred?   |             |                   |  |                       |
| -                  | Crum Lynne                           | e, PA 19022<br>City State Zip Code |   | - ! Ob      |                   |  |                       |
|                    |                                      | the debt? Check one.               | As of the date you file, the clair  | n is: Checi | к ан тпат арргу   | 1  |                       |
|                    | ■ Debtor 1 onl                       |                                    | Continuent  |             |                   |  |                       |
|                    |                                      | •                                  | ☐ Contingent  |             |                   |  |                       |
|                    | ☐ Debtor 2 onl                       | •                                  | ☐ Unliquidated  |             |                   |  |                       |
|                    | ☐ Debtor 1 and                       | •                                  | ☐ Disputed  Type of NONPRIORITY unsecui   | od claim:   |                   |  |                       |
|                    | _                                    | of the debtors and another         | Student loans   | eu ciaiiii. |                   |  |                       |
|                    | ☐ Check if thi debt                  | s claim is for a community         | ☐ Obligations arising out of a se   | ooration of | roomant ar di     | iveree that you did not  |                       |
|                    |                                      | bject to offset?                   | report as priority claims   | paration aç | greement or a     | ivorce that you did not  |                       |
|                    | ■ No                                 |                                    | Debts to pension or profit-sha  | ring plans, | and other sim     | ilar debts   |                       |
|                    | ☐ Yes                                |                                    | Other. Specify Notice Or  | ıly         |                   |  |                       |
| Part 3:            | List Othors                          | s to Be Notified About a Deb       | t That You Already Listed   |             |                   |  |                       |
|                    |                                      |                                    |   |             | ala linta al im F | Name 4 and 5 | f = ==U==ti========   |
| is tryir<br>have n | ng to collect fro<br>nore than one c | m you for a debt you owe to sor    | oout your bankruptcy, for a debt that<br>neone else, list the original creditor<br>you listed in Parts 1 or 2, list the ad<br>submit this page. | in Parts 1  | or 2, then lis    | t the collection agency he   | re. Similarly, if you |
|                    | nd Address                           |                                    | On which entry in Part 1 or Part 2 did yo   | _           |                   |  |                       |
|                    | hy J. Silverm<br>r Law Group         |                                    | <del></del>   | _           |                   | Priority Unsecured Claims  |                       |
|                    | La Alameda                           |                                    |   | Part 2:     | Creditors with    | Nonpriority Unsecured Clair  | ms                    |
|                    | n Viejo, CA                          |                                    |   |             |                   |  |                       |
|                    | • •                                  | L                                  | ast 4 digits of account number  |             |                   |  |                       |
|                    |                                      |                                    |   |             |                   |  |                       |
| Part 4:            | Add the Ar                           | mounts for Each Type of Un         | secured Claim   |             |                   |  |                       |
|                    | the amounts of<br>f unsecured cla    |                                    | ns. This information is for statistica  | reporting   | purposes or       | nly. 28 U.S.C. §159. Add the   | amounts for each      |
|                    |                                      |                                    |   |             |                   | Total Claim  |                       |
|                    | 6a.                                  | Domestic support obligations       |   | 6a.         | \$                | 0.00   |                       |
|                    | Total<br>aims                        |                                    |   |             |                   |  |                       |
| from Pa            |                                      | Taxes and certain other debts      |   | 6b.         | \$                | 950.00   |                       |
|                    | 6c.                                  |                                    | njury while you were intoxicated  | 6c.         | \$                | 0.00   |                       |
|                    | 6d.                                  | Outer. And all other priority unse | ecured claims. Write that amount here.  | 6d.         | ъ                 | 0.00   |                       |

Debtor 1 Fernando Martinez Debtor 2 Patricia Martinez Case number (if known) Total Priority. Add lines 6a through 6d. 6e. 950.00 Total Claim Student loans 6f 6f. 4,881.93 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts 6g. 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 56,087.26 Total Nonpriority. Add lines 6f through 6i. 6j. 60,969.19

| Fill in this infor     | mation to identify your  | case:             |               |                                      |
|------------------------|--------------------------|-------------------|---------------|--------------------------------------|
| Debtor 1               | Fernando Martine         | ez                |               |                                      |
|                        | First Name               | Middle Name       | Last Name     |                                      |
| Debtor 2               | Patricia Martinez        |                   |               |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name     |                                      |
| United States Ba       | ankruptcy Court for the: | SOUTHERN DISTRICT | OF CALIFORNIA |                                      |
| Case number (if known) |                          |                   |               | ☐ Check if this is an amended filing |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Ford Credit
PO Box 542000
Omaha, NE 68154-8000

State what the contract or lease is for
Lease of 2018 Ford Explorer Sport SUV 4D with 17,015
miles in very good condition

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| Fill in this  | s information to identify your   | case:   |   |   |                 |
|---|--|---|---|---|-----------------|
| Debtor 1  | Fernando Martine   | PZ  |   |   |                 |
| Dahtano   | First Name   | Middle Name   | Last Name   |   |                 |
| Debtor 2<br>(Spouse if, fil                             | ing) Patricia Martinez First Name  | Middle Name   | Last Name   |   |                 |
| United Sta  | ates Bankruptcy Court for the:   | SOUTHERN DISTRICT OF  | - CALIFORNIA  |   |                 |
|   |  | -   |   |   |                 |
| Case num  | nber   |   |   | ☐ Check if the amended  |                 |
| Officia   | al Form 106H   |   |   |   |                 |
|   |  | obtoro  |   |   | 40/45           |
| Sched   | dule H: Your Cod   | eptors  |   |   | 12/15           |
| fill it out, a your name  1. Do  No  Ye  2. With Arizon | and number the entries in the e and case number (if known) you have any codebtors? (If | boxes on the left. Attach the Answer every question.  You are filing a joint case, do  lived in a community prop Nevada, New Mexico, Puerte | not list either spouse erty state or territor o Rico, Texas, Wash | ry? (Community property states and territories  | ages, write     |
|   | Yes.   |   |   |   |                 |
|   | In which community state   | e or territory did you live?  | -NONE-  | . Fill in the name and current address of   | that person.    |
| in line<br>Form   | e 2 again as a codebtor only i   | code ors. Do not include your sp f that person is a guarantor   | or cosigner. Make   | r if your spouse is filing with you. List the p<br>sure you have listed the creditor on Sched<br>16G). Use Schedule D, Schedule E/F, or Scl | ule D (Official |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI  | P Code  |   | Column 2: The creditor to whom you conclude that apply:   | we the debt     |
| 0.4   |  |   |   | Donath D.   |                 |
| 3.1   | Name   |   |   | □ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G, line  |                 |
|   | Number Street<br>City  | State   | ZIP Code  |   |                 |
| 3.2   | Name  Number Street  |   |   | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line   |                 |
|   | City   | State   | ZIP Code  |   |                 |

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| Fill in this informat           | tion to identify your case:                             |   |
|---------------------------------|---|---|
| Debtor 1                        | Fernando Martinez                                       | _   |
| Debtor 2<br>(Spouse, if filing) | Patricia Martinez                                       | _   |
| United States Ban               | skruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA | _   |
| Case number<br>(If known)       |   | Check if this is:  An amended filing A supplement showing postpetition chapte |
| Official Fo                     | rm 106l   | 13 income as of the following date:  MM / DD/ YYYY                            |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| art 1: Describe Employme                                  | ent                 |  |  |
|---|---------------------|--|--|
| . Fill in your employment information.                    |                     | Debtor 1   | Debtor 2 or non-filing spouse  |
| If you have more than one job                             | ' Employment status | ■ Employed                                       | ■ Employed   |
| attach a separate page with information about additional  | Employment status   | ☐ Not employed                                   | □ Not employed   |
| employers.  | Occupation          | Finance Manager                                  | Patient Flow Coordinator   |
| Include part-time, seasonal, or self-employed work.       | Employer's name     | San Diego Auto Connection,<br>Inc.               | Planned Parenthood   |
| Occupation may include stude or homemaker, if it applies. | Employer's address  | 1561 Camino del Rio South<br>San Diego, CA 92108 | of the Pacific Southwest<br>1075 Camino del Rio South<br>San Diego, CA 92108 |
|   | How long employed t | here? 3 Months                                   | 6 Years  |

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,664.00 \$ 4,032.84

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 4,664.00 \$ 4,032.84

Official Form 106I Schedule I: Your Income page 1

| DIO | or 2<br>_      | Patricia Martinez   | -       | Case r | number ( <i>if known</i> ) |       |                         |
|-----|----------------|---|---------|--------|----------------------------|-------|-------------------------|
|     |                |   |         | For    | Debtor 1                   |       | btor 2 or<br>ing spouse |
|     | Copy           | y line 4 here   | 4.      | \$     | 4,664.00                   | \$    | 4,032.84                |
|     | List a         | all payroll deductions:   |         |        |                            |       |                         |
|     | 5a.            | Tax, Medicare, and Social Security deductions   | 5a.     | \$     | 885.70                     | \$    | 582.16                  |
|     | 5b.            | Mandatory contributions for retirement plans  | 5b.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 5c.            | Voluntary contributions for retirement plans  | 5c.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 5d.            | Required repayments of retirement fund loans  | 5d.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 5e.            | Insurance   | 5e.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 5f.            | Domestic support obligations  | 5f.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 5g.            | Union dues  | 5g.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 5h.            | Other deductions. Specify:  | _ 5h.+  | \$     | 0.00                       | + \$  | 0.00                    |
|     | Add            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.      | \$     | 885.70                     | \$    | 582.16                  |
|     | Calc           | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.      | \$     | 3,778.30                   | \$    | 3,450.68                |
|     | List a         | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 8b.            | Interest and dividends  | 8b.     | \$—    | 0.00                       | \$    | 0.00                    |
|     | 8c.            | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 8d.            | Unemployment compensation   | 8d.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 8e.            | Social Security   | 8e.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 8f.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 8g.            | Pension or retirement income  | 8g.     | \$     | 0.00                       | \$    | 0.00                    |
|     | 8h.            | Other monthly income. Specify:  | _ 8h.+  | \$     | 0.00                       | + \$  | 0.00                    |
|     | Add            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.      | \$     | 0.00                       | \$    | 0.00                    |
|     |                |   | L       |        |                            |       |                         |
|     |                | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \\$ | 3      | <b>3,778.30</b> + \$_      | 3,450 | 0.68 = \$ 7,228         |
|     | Inclu<br>other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a sify:            | depend  | -      | •                          |       | edule J.<br>11. +\$0    |
|     |                | the amount in the last column of line 10 to the amount in line 11. The resist that amount on the Summary of Schedules and Statistical Summary of Certaines  |         |        |                            |       | 12. \$ <b>7,228</b>     |
|     |                | ou expect an increase or decrease within the year after you file this form  |         |        |                            |       | Combined monthly incom  |

☐ Yes. Explain:

Debtor is in commission position; anticipates increase. Co-Debtor hours are reducing beginning August, 2019 and income will drop about \$700 per month.

| Fill       | in this informa                                  | tion to identify yo                                  | our case:                            |  |  | 1                |                   |                               |
|------------|--|--|--------------------------------------|--|--|------------------|-------------------|-------------------------------|
|            | otor 1   | Fernando Ma  |                                      |  |  | Choo             | k if this is:     |                               |
| Deb        | NOI I  | remando Ma   | artinez                              |  |  |                  | An amended filing |                               |
|            | otor 2   | Patricia Mar   | tinez                                |  |  |                  |                   | wing postpetition chapter     |
| (Spo       | ouse, if filing)                                 |  |                                      |  |  |                  | 13 expenses as or | the following date:           |
| Unit       | ed States Bankr                                  | ruptcy Court for the                                 | : SOUTH                              | IERN DISTRICT OF CALI  | FORNIA                                 | _                | MM / DD / YYYY    | <del></del>                   |
|            | e number<br>nown)                                |  |                                      |  |  |                  |                   |                               |
| O          | fficial Fo                                       | rm 106J  |                                      |  |  |                  |                   |                               |
| S          | chedule  | J: Your  | Exper                                | nses   |  |                  |                   | 12/15                         |
| Be<br>info | as complete a<br>ormation. If m<br>mber (if know | and accurate as                                      | possible<br>eded, atta<br>ry questio | . If two married people ar<br>ch another sheet to this                     |  |                  |                   |                               |
| 1.         | Is this a joir                                   |  | enoid                                |  |  |                  |                   |                               |
|            | ☐ No. Go to                                      | line 2.  |                                      |  |  |                  |                   |                               |
|            | Yes. Doe   | s Debtor 2 live                                      | in a separ                           | ate household?   |  |                  |                   |                               |
|            | ■ N<br>□ Y                                       |  | st file Offic                        | al Form 106J-2, <i>Expenses</i>  | s for Separate House                   | ehold of Debt    | or 2.             |                               |
| 2.         | Do vou have                                      | e dependents?  | □ No                                 |  |  |                  |                   |                               |
|            | Do not list Do Debtor 2.                         | •  | ■ Yes.                               | Fill out this information for each dependent                               | Dependent's relat<br>Debtor 1 or Debto |                  | Dependent's age   | Does dependent live with you? |
|            | Do not state                                     | the  |                                      |  |  |                  |                   | □ No                          |
|            | dependents                                       | names.   |                                      |  | Daughter                               |                  | 4                 | Yes                           |
|            |  |  |                                      |  |  |                  |                   | □ No<br>□ Yes                 |
|            |  |  |                                      |  |  |                  |                   | ☐ res                         |
|            |  |  |                                      |  |  |                  |                   | ☐ Yes                         |
|            |  |  |                                      |  |  |                  |                   | □ No                          |
|            |  |  |                                      |  |  |                  |                   | ☐ Yes                         |
| 3.         | expenses of                                      | penses include<br>f people other t<br>d your depende | han 🦳                                | No<br>Yes  |  |                  |                   |                               |
| Est<br>exp | imate your ex                                    |  | our bankr                            | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |                  |                   |                               |
| the        |  | n assistance an                                      |                                      | government assistance i<br>cluded it on Schedule I: \                      |  |                  | Your exp          | enses                         |
| 4.         |  | or home owners<br>and any rent for th                |                                      | ses for your residence. I  | nclude first mortgag                   | e<br>4. \$       |                   | 2,447.14                      |
|            | If not includ                                    | led in line 4:                                       |                                      |  |  |                  |                   |                               |
|            | 4a. Real e                                       | estate taxes   |                                      |  |  | 4a. \$           |                   | 0.00                          |
|            |  | rty, homeowner's                                     | s. or renter                         | 's insurance   |  | 4a. \$<br>4b. \$ |                   | 0.00                          |
|            |  | •  |                                      | ıpkeep expenses  |  | 4c. \$           |                   | 150.00                        |
|            |  | owner's associa                                      | •                                    |  |  | 4d. \$           |                   | 0.00                          |
| 5.         | Additional r                                     | nortgage paym  | ents for ye                          | our residence, such as ho  | me equity loans                        | 5. \$            |                   | 0.00                          |

|     | otor 1<br>otor 2 | Fernand<br>Patricia                   | lo Martinez<br>Martinez  | Case num         | Case number (if known) |                          |  |
|-----|------------------|---------------------------------------|--|------------------|------------------------|--------------------------|--|
| 6.  | Utilit           | ies:                                  |  |                  |                        |                          |  |
| ٥.  | 6a.              |                                       | , heat, natural gas  | 6a.              | \$                     | 90.00                    |  |
|     | 6b.              |                                       | wer, garbage collection  | 6b.              | \$                     | 98.00                    |  |
|     | 6c.              | Telephone                             | e, cell phone, Internet, satellite, and cable services   | 6c.              | \$                     | 280.00                   |  |
|     | 6d.              | Other. Spe                            | ecify:   | 6d.              | \$                     | 0.00                     |  |
| 7.  | Food             | l and hous                            | ekeeping supplies  | 7.               | \$                     | 1,200.00                 |  |
| 8.  | Child            | dcare and c                           | children's education costs   | 8.               | \$                     | 830.00                   |  |
| 9.  | Cloth            | ning, laund                           | Iry, and dry cleaning  | 9.               | \$                     | 150.00                   |  |
| 10. | Pers             | onal care p                           | products and services  | 10.              | \$                     | 100.00                   |  |
| 11. | Medi             | cal and de                            | ental expenses   | 11.              | \$                     | 165.00                   |  |
| 12. |                  | -                                     | Include gas, maintenance, bus or train fare.   | 12.              | •                      | 450.00                   |  |
| 13  |                  |                                       | ar payments. clubs, recreation, newspapers, magazines, and books   | 13.              | \$                     | 150.00                   |  |
|     |                  |                                       | tributions and religious donations   | 14.              | *                      | 40.00                    |  |
|     | Insur            |                                       | inbutions and rengious domations   | 14.              | Ψ                      | 40.00                    |  |
| 15. |                  |                                       | nsurance deducted from your pay or included in lines 4 or 20.  |                  |                        |                          |  |
|     |                  | Life insura                           | , , ,  | 15a.             | \$                     | 77.44                    |  |
|     | 15b.             | Health ins                            | surance  | 15b.             | \$                     | 0.00                     |  |
|     | 15c.             | Vehicle in:                           | surance  | 15c.             | \$                     | 130.00                   |  |
|     | 15d.             | Other insu                            | urance. Specify:   | 15d.             | ·                      | 0.00                     |  |
| 16. |                  |                                       | nclude taxes deducted from your pay or included in lines 4 or 20.  |                  | •                      |                          |  |
| 17. | Spec<br>Insta    |                                       | ease payments:   | 16.              | <b>&gt;</b>            | 0.00                     |  |
|     |                  |                                       | ents for Vehicle 1   | 17a.             | \$                     | 424.85                   |  |
|     | 17b.             | Car payme                             | ents for Vehicle 2   | 17b.             | \$                     | 545.00                   |  |
|     | 17c.             | Other. Spe                            | ecify: Student Loan  | 17c.             | \$                     | 83.00                    |  |
|     |                  | Other. Spe                            |  | 17d.             | \$                     | 0.00                     |  |
| 18. |                  |                                       | of alimony, maintenance, and support that you did not report   |                  | Ф.                     | 0.00                     |  |
| 10  |                  |                                       | your pay on line 5, Schedule I, Your Income (Official Form 106 s you make to support others who do not live with you.  | 6 <b>i).</b> 18. | \$                     |                          |  |
| 19. | Spec             |                                       | s you make to support others who do not live with you.   | 19.              | Φ                      | 0.00                     |  |
| 20. |                  |                                       | erty expenses not included in lines 4 or 5 of this form or on S  |                  | our Income.            |                          |  |
|     |                  |                                       | s on other property  | 20a.             |                        | 0.00                     |  |
|     |                  | Real estat                            | • • •  | 20b.             |                        | 0.00                     |  |
|     | 20c.             | Property, I                           | homeowner's, or renter's insurance   | 20c.             | \$                     | 0.00                     |  |
|     |                  |                                       | nce, repair, and upkeep expenses   | 20d.             |                        | 0.00                     |  |
|     | 20e.             | Homeown                               | ner's association or condominium dues  | 20e.             | \$                     | 0.00                     |  |
| 21. |                  | r: Specify:                           |  |                  | +\$                    | 0.00                     |  |
| 22. | Calc             | ulate vour                            | monthly expenses   |                  |                        |                          |  |
|     |                  |                                       | through 21.  |                  | \$                     | 7,410.43                 |  |
|     |                  |                                       | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-   | -2               | \$                     | .,                       |  |
|     |                  |                                       | a and 22b. The result is your monthly expenses.  |                  | \$                     | 7,410.43                 |  |
| 22  | Calc             | ulate veur                            | monthly net income.  |                  |                        |                          |  |
| ۷۵. |                  | -                                     | 12 (your combined monthly income) from Schedule I.   | 23a.             | \$                     | 7,228.98                 |  |
|     |                  |                                       | r monthly expenses from line 22c above.  | 23b.             |                        | 7,410.43                 |  |
|     | 200.             | Sopy your                             | . monthly expended from the 220 above.   | 200.             | <b>*</b>               | 7,710.73                 |  |
|     | 23c.             |                                       | our monthly expenses from your monthly income. t is your monthly net income.   | 23c.             | \$                     | -181.45                  |  |
| 24. | For exmodifi     | kample, do yo<br>ication to the<br>O. | an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect terms of your mortgage?  Explain here: Debtors surrendering vehicle but will also | your mortgage    |                        | or decrease because of a |  |
|     | ■ Ye             | es.                                   | Explain here: Debiols surrendering vehicle but will also   | repiace.         |                        |                          |  |

| Fill in this                  | information to identify your                              | case:                   |  |                          |  |
|-------------------------------|---|-------------------------|--|--------------------------|--|
| Debtor 1                      | Fernando Martine  | -                       |  |                          |  |
|                               | First Name  | Middle Name             | Last Name                                |                          |  |
| Debtor 2<br>(Spouse if, filir | Patricia Martinez First Name                              | Middle Name             | Last Name                                |                          |  |
| (Spouse II, IIIII             | ig) i list Name   | iviluale Name           | Last Name                                |                          |  |
| United Sta                    | tes Bankruptcy Court for the:                             | SOUTHERN DISTRI         | CT OF CALIFORNIA                         |                          |  |
| Case numb                     | ber   |                         |  |                          |  |
| (if known)                    |   |                         |  |                          |  |
|                               |   |                         |  |                          | amended filing   |
|                               |   |                         |  |                          |  |
| Official                      | Form 106Dec   |                         |  |                          |  |
| Decla                         | ration About a  | an Individua            | al Debtor's Sche                         | dules                    | 12/15  |
|                               |   |                         |  |                          |  |
| f two marr                    | ied people are filing togethe                             | r, both are equally res | ponsible for supplying correct in        | formation.               |  |
| You must f                    | ile this form whenever vou fi                             | ile bankruptcy schedu   | les or amended schedules. Makir          | ng a false statement, co | ncealing property, or                                  |
| obtaining r                   | money or property by fraud in                             | n connection with a ba  | ankruptcy case can result in fines       |                          |  |
| years, or b                   | oth. 18 U.S.C. §§ 152, 1341, 1                            | I519, and 3571.         |  |                          |  |
|                               |   |                         |  |                          |  |
|                               | Sign Below  |                         |  |                          |  |
| Did y                         | ou pay or agree to pay some                               | one who is NOT an at    | torney to help you fill out bankru       | ptcy forms?              |  |
| <b>=</b> 1                    | No  |                         |  |                          |  |
| _ ,                           | Vac. Name of names  |                         |  | Attach Dankerinton Do    | tition Dronoror's Notice                               |
| ш                             | Yes. Name of person                                       |                         |  |                          | tition Preparer's Notice,<br>ature (Official Form 119) |
|                               |   |                         |  |                          |  |
|                               |   | 46-416                  |  | this declaration and     |  |
|                               | r penalty of perjury, I declare ney are true and correct. | that I have read the St | ummary and schedules filed with          | this declaration and     |  |
| illat til                     | ioy are true and correct                                  |                         |  |                          |  |
|                               | / Fernando Martinez                                       |                         | X /s/ Patricia Marti                     |                          |  |
|                               | ernando Martinez  |                         |  | _                        |  |
| Si                            |   |                         | Patricia Martine                         | _                        |  |
|                               | ignature of Debtor 1                                      |                         | Patricia Martine:<br>Signature of Debtor | _                        |  |
| Da                            | ate June 28, 2019   |                         |  | r 2                      |  |

| Fill i          | n this inforn          | nation to identify you    | r case:  |   |  |   |
|-----------------|------------------------|---------------------------|--|---|--|---|
| Debt            | tor 1                  | Fernando Martin           | ıez  |   |  |   |
|                 |                        | First Name                | Middle Name  | Last Name   |  |   |
| Debt<br>(Spou   | or 2<br>se if, filing) | Patricia Martinez         | Middle Name  | Last Name   |  |   |
| Unite           | ed States Ba           | nkruptcy Court for the:   | SOUTHERN DISTRICT O  | OF CALIFORNIA   |  |   |
| Ornic           | ou otates ba           | intupitely Court for the. | - COOTTENT DIOTNOT C   | O' CALLI CITITAL                                      |  |   |
| Case<br>(if kno | e number<br>wn)        |                           |  |   | _  | Check if this is an mended filing                     |
| Sta             |                        | of Financial              | Affairs for Individ  |   |  | 4/19  |
| infori          | mation. If m           |                           | attach a separate sheet to   |   | equally responsible for sup<br>y additional pages, write you   |   |
| Part            | 1: Give D              | etails About Your Ma      | rital Status and Where You   | Lived Before  |  |   |
| 1. \            | What is you            | current marital statu     | ıs?  |   |  |   |
| 1               | ■ Married □ Not mar    | ried                      |  |   |  |   |
| 2.              | During the la          | ast 3 years, have you     | lived anywhere other than  | where you live now?                                   |  |   |
|                 | ■ No<br>□ Yes. Lis     | t all of the places you I | ived in the last 3 years. Do no  | ot include where you live now                         | <i>ı</i> .   |   |
|                 | Debtor 1 Pr            | ior Address:              | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:   | Dates Debtor 2<br>lived there                         |
|                 |                        |                           |  |   | ity property state or territory<br>co, Texas, Washington and W |   |
|                 | □ No                   |                           |  |   |  |   |
|                 | Yes. Ma                | ike sure you fill out Sch | nedule H: Your Codebtors (Of   | fficial Form 106H).                                   |  |   |
| Part            | 2 Explai               | n the Sources of You      | r Income   |   |  |   |
| I               | Fill in the tota       | al amount of income yo    | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part                        |  | ndar years?   |
|                 | □ No                   |                           |  |   |  |   |
|                 | Yes. Fill              | in the details.           |  |   |  |   |
|                 |                        |                           | Debtor 1   |   | Debtor 2   |   |
|                 |                        |                           | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                 |                        |                           | ■ Wages, commissions, bonuses, tips  | \$25,992.56   | ■ Wages, commissions, bonuses, tips                            | \$21,661.97   |
|                 |                        |                           | ☐ Operating a business   |   | ☐ Operating a business   |   |

| Debtor 2 Patricia Martinez  Patricia Martinez |                          |   |  |  | Case number (if known)   |                                      |   |   |  |  |
|---|--------------------------|---|--|--|--|--------------------------------------|---|---|--|--|
|   |                          |   |  | Debtor 1 Sources of income Check all that apply.   | Gross income<br>(before deductions and   | Debtor 2 Sources of inc              |   | Gross income (before deductions                       |  |  |
|   | r last caler             | ndar year:<br>December :                | 24 2019 \  | ■ Wages, commissions,  | exclusions) \$75,596.00  | ■ Wages, con                         | nmissions,  | and exclusions) \$36,487.00                           |  |  |
| (50   | iliuary i to             | December .                              | 51, 2010 )   | bonuses, tips  ☐ Operating a business  |  | bonuses, tips  ☐ Operating a         | husiness  |   |  |  |
|   |                          | dar year bef<br>December :              |  | ■ Wages, commissions, bonuses, tips  | \$64,883.00  | ■ Wages, con                         |   | \$36,000.00   |  |  |
|   |                          |   |  | ☐ Operating a business   |  | ☐ Operating a                        | business  |   |  |  |
|   | winnings.  List each  No | If you are fili                         | ng a joint cas   | pensions; rental income; inter<br>e and you have income that y<br>ome from each source separat   | ou received together, list it  | only once under D                    | ebtor 1.  | d gambling and lottery                                |  |  |
|   |                          |   |  | Debtor 1   |  | Debtor 2                             |   |   |  |  |
|   |                          |   |  | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)                       | Sources of ind<br>Describe below     |   | Gross income<br>(before deductions<br>and exclusions) |  |  |
| Pa  | rt 3: Lis                | t Certain Pa                            | yments You   | Made Before You Filed for I  | Bankruptcy   |                                      |   |   |  |  |
| 6.  | Are eithe ☐ No.          | Neither De                              | btor 1 nor D   | s debts primarily consumer<br>bebtor 2 has primarily consu<br>personal, family, or househol  | imer debts. Consumer deb   | ts are defined in 11                 | U.S.C. § 10   | 1(8) as "incurred by an                               |  |  |
|   |                          | □ No. □ Yes                             | Go to line 7<br>List below e<br>paid that connot include | re you filed for bankruptcy, die<br>each creditor to whom you pai<br>editor. Do not include paymen<br>payments to an attorney for the<br>ton 4/01/22 and every 3 years | d a total of \$6,825* or more<br>its for domestic support obli<br>nis bankruptcy case. | in one or more pagations, such as cl | yments and the  | nd alimony. Also, do                                  |  |  |
|   | ■ Yes.                   |   |  | r both have primarily consure you filed for bankruptcy, di   |  | al of \$600 or more                  | ?   |   |  |  |
|   |                          | □ No.                                   | Go to line 7   |  |  |                                      |   |   |  |  |
|   |                          | ■ Yes                                   | include pay  | each creditor to whom you pai<br>ments for domestic support of<br>this bankruptcy case.  |  |                                      |   |   |  |  |
|   | Creditor                 | 's Name and                             | Address  | Dates of payme   | nt Total amount  | Amount you still owe                 | Was this p  | payment for   |  |  |
|   | 4801 Fr                  | nk Home N<br>ederica Str<br>poro, KY 4: | eet  | 4/1/19<br>5/1/19<br>6/1/19   | \$7,341.42   | \$310,431.76                         | ■ Mortgag □ Car □ Credit C □ Loan Ro □ Supplie □ Other_ | Card  |  |  |

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|  |  |  | se number ( <i>if known</i> )  |  |
|--|--|--|--|--|
| Creditor's Name and Address  | Dates of payment   | Total amount paid  | Amount you still owe   | Was this payment for   |
| Ford Credit  | 4/23/19  | \$1,350.00   | \$38,810.22  | ☐ Mortgage   |
| PO Box 542000  | 5/23/19  |  |  | ■ Car  |
| Omaha, NE 68154-8000   | 6/23/19  |  |  | ☐ Credit Card  |
|  |  |  |  | ☐ Loan Repayment   |
|  |  |  |  | ☐ Suppliers or vendors   |
|  |  |  |  | Other  |
| Volkswagon Credit, Inc.  | 4/1/19   | \$1,100.00   | \$33,000.22  | ☐ Mortgage   |
| PO Box 7498  | 5/1/19   |  |  | ■ Car  |
| Libertyville, IL 60048-7498  |  |  |  | ☐ Credit Card  |
|  |  |  |  | ☐ Loan Repayment   |
|  |  |  |  | ☐ Suppliers or vendors   |
|  |  |  |  | ☐ Other  |
| ■ No □ Yes. List all payments to an insider.   | Dates of payment   | Total  |  |  |
| Insider's Name and Address   | Dates of navment   |  |  | D ( 411  |
|  | butes of payment   | Total amount paid  | Amount you still owe   | Reason for this payment  |
| Within 1 year before you filed for bank insider? Include payments on debts guaranteed o  | ruptcy, did you make any pa  | paid   | still owe  |  |
| insider? Include payments on debts guaranteed o  No  | ruptcy, did you make any pa  | paid   | still owe  |  |
| insider? Include payments on debts guaranteed o  No  | ruptcy, did you make any pa  | paid   | still owe  |  |
| insider? Include payments on debts guaranteed o  No  | ruptcy, did you make any pa  | paid   | still owe  |  |
| <ul> <li>insider?</li> <li>Include payments on debts guaranteed o</li> <li>No</li> <li>Yes. List all payments to an insider</li> </ul>   | ruptcy, did you make any pa<br>r cosigned by an insider.  Dates of payment   | paid nyments or transfer a Total amount  | still owe any property on a  | ccount of a debt that benefit  |
| insider? Include payments on debts guaranteed o  No Yes. List all payments to an insider Insider's Name and Address  Identify Legal Actions, Reposses Within 1 year before you filed for bank List all such matters, including personal in   | ruptcy, did you make any pa<br>or cosigned by an insider.  Dates of payment  ssions, and Foreclosures cruptcy, were you a party in a       | paid  nyments or transfer a  Total amount paid  any lawsuit, court ac  | still owe any property on a  Amount you still owe  | Reason for this payment Include creditor's name  |
| insider? Include payments on debts guaranteed o  No Yes. List all payments to an insider Insider's Name and Address  4: Identify Legal Actions, Reposses Within 1 year before you filed for bank List all such matters, including personal in modifications, and contract disputes.  | ruptcy, did you make any pa<br>or cosigned by an insider.  Dates of payment  ssions, and Foreclosures cruptcy, were you a party in a       | paid  nyments or transfer a  Total amount paid  any lawsuit, court ac  | still owe any property on a  Amount you still owe  | Reason for this payment Include creditor's name  |
| insider? Include payments on debts guaranteed o  No Yes. List all payments to an insider Insider's Name and Address  4: Identify Legal Actions, Reposses Within 1 year before you filed for bank List all such matters, including personal in modifications, and contract disputes.  | ruptcy, did you make any pa<br>or cosigned by an insider.  Dates of payment  ssions, and Foreclosures cruptcy, were you a party in a       | paid  nyments or transfer a  Total amount paid  any lawsuit, court ac  | still owe any property on a  Amount you still owe  | Reason for this payment Include creditor's name  |
| insider? Include payments on debts guaranteed o  No Yes. List all payments to an insider Insider's Name and Address  4: Identify Legal Actions, Reposses Within 1 year before you filed for bank List all such matters, including personal in modifications, and contract disputes.  | ruptcy, did you make any pa<br>or cosigned by an insider.  Dates of payment  ssions, and Foreclosures cruptcy, were you a party in a       | paid  nyments or transfer a  Total amount paid  any lawsuit, court ac  | still owe any property on a  Amount you still owe  | Reason for this payment Include creditor's name  |
| insider? Include payments on debts guaranteed o  No Yes. List all payments to an insider Insider's Name and Address  4: Identify Legal Actions, Reposses Within 1 year before you filed for bank List all such matters, including personal in modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  California Coast Credit Union v.  | Dates of payment  Ssions, and Foreclosures  Truptcy, were you a party in a njury cases, small claims action  Nature of the case  Breach of | paid  nyments or transfer a  Total amount paid  any lawsuit, court ac ans, divorces, collection  Court or agency  Superior Court       | Amount you still owe   | Reason for this payment Include creditor's name  rative proceeding? actions, support or custody  |
| insider? Include payments on debts guaranteed o  No Yes. List all payments to an insider Insider's Name and Address  4: Identify Legal Actions, Reposses Within 1 year before you filed for bank List all such matters, including personal in modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  California Coast Credit Union v. Fernando Martinez; Patricia Aquin          | Dates of payment  Ssions, and Foreclosures  Truptcy, were you a party in a njury cases, small claims action  Nature of the case  Breach of | Total amount paid  any lawsuit, court acons, divorces, collection  Court or agency  Superior Court County of San                       | Amount you still owe   | Reason for this payment Include creditor's name  rative proceeding? actions, support or custody  Status of the case  Pending           |
| insider? Include payments on debts guaranteed of  No  Yes. List all payments to an insider Insider's Name and Address  4: Identify Legal Actions, Reposses Within 1 year before you filed for bank List all such matters, including personal in modifications, and contract disputes.  No  Yes. Fill in the details.  Case title Case number  California Coast Credit Union v. Fernando Martinez; Patricia Aquii Perez | Dates of payment  Ssions, and Foreclosures  Truptcy, were you a party in a njury cases, small claims action  Nature of the case  Breach of | Total amount paid  Total amount paid  any lawsuit, court acus, divorces, collection  Court or agency  Superior Court County of San Div | Amount you still owe any property on a still owe still owe still owe still owe still owe at of California Diego, Civil   | Reason for this payment Include creditor's name  rative proceeding? actions, support or custody  Status of the case  Pending On appeal |
| insider? Include payments on debts guaranteed o  No Yes. List all payments to an insider Insider's Name and Address  4: Identify Legal Actions, Reposses Within 1 year before you filed for bank List all such matters, including personal in modifications, and contract disputes.  No Yes. Fill in the details.  Case title Case number  California Coast Credit Union v. Fernando Martinez; Patricia Aquin          | Dates of payment  Ssions, and Foreclosures  Truptcy, were you a party in a njury cases, small claims action  Nature of the case  Breach of | Total amount paid  any lawsuit, court acons, divorces, collection  Court or agency  Superior Court County of San                       | Amount you still owe any property on a still owe still o | Reason for this payment Include creditor's name  rative proceeding? actions, support or custody  Status of the case  Pending           |

|       | otor 1<br>otor 2 | Patricia Martinez  |          | Case numb  | er (if known)            |                           |
|-------|------------------|--|----------|--|--------------------------|---------------------------|
|       |                  |  |          |  | <u> </u>                 |                           |
| 10.   |                  | all that apply and fill in the details be                  |          | as any of your property repossessed, foreclos  | sed, garnished, attache  | d, seized, or levied?     |
|       | ■ N              | o. Go to line 11.  |          |  |                          |                           |
|       | □ Y              | es. Fill in the information below.                         |          |  |                          |                           |
|       | Credi            | tor Name and Address                                       | De       | scribe the Property  | Date                     | Value of the              |
|       |                  |  | Ex       | plain what happened  |                          | property                  |
|       |                  |  |          | •  |                          |                           |
| 11.   | accou            | nts or refuse to make a payment b                          |          | did any creditor, including a bank or financial you owed a debt?   | institution, set off any | amounts from your         |
|       | ■ N              | o<br>es. Fill in the details.                              |          |  |                          |                           |
|       |                  | tor Name and Address                                       | De       | scribe the action the creditor took  | Date action was          | Amount                    |
|       | Orear            | tor Name and Address                                       | De       | some the action the creator took   | taken                    | Amount                    |
| 12.   | court-           | appointed receiver, a custodian, o                         |          | as any of your property in the possession of a er official?  | n assignee for the ben   | efit of creditors, a      |
|       | ■ N              | o<br>es  |          |  |                          |                           |
|       |                  |  |          |  |                          |                           |
| Par   | t 5:             | List Certain Gifts and Contribution                        | ıs       |  |                          |                           |
| 13.   | Within ■ N       | •  | uptcy,   | did you give any gifts with a total value of more  | e than \$600 per person  | ?                         |
|       | _ ''             | es. Fill in the details for each gift.                     |          |  |                          |                           |
|       |                  | with a total value of more than \$60                       | 00       | Describe the gifts   | Dates you gave           | Value                     |
|       | per p            | •  |          |  | the gifts                |                           |
|       | Perso<br>Addre   | on to Whom You Gave the Gift and ess:                      |          |  |                          |                           |
| 14.   | Within           | 2 years before you filed for bankr                         | uptcy,   | did you give any gifts or contributions with a to  | otal value of more than  | \$600 to any charity?     |
|       | ■ N              | 0  |          |  |                          |                           |
|       |                  | es. Fill in the details for each gift or c                 |          |  |                          |                           |
|       |                  | or contributions to charities that than \$600              | total    | Describe what you contributed  | Dates you contributed    | Value                     |
|       |                  | ty's Name<br>SSS (Number, Street, City, State and ZIP Code | ۵)       |  |                          |                           |
|       |                  |  | e)       |  |                          |                           |
| Par   | t 6:             | List Certain Losses  |          |  |                          |                           |
| 15.   |                  | 1 year before you filed for bankrunbling?                  | ptcy or  | since you filed for bankruptcy, did you lose a   | nything because of the   | ft, fire, other disaster, |
|       |                  |  |          |  |                          |                           |
|       | ■ N              | o<br>es. Fill in the details.                              |          |  |                          |                           |
|       |                  | ribe the property you lost and                             | Descri   | be any insurance coverage for the loss   | Date of your             | Value of property         |
|       |                  | the loss occurred  | Include  | e the amount that insurance has paid. List pending<br>nce claims on line 33 of Schedule A/B: Property.                             | loce                     | lost                      |
|       |                  |  |          | ise diamine of time do of deficación (VE. 170porty.  |                          |                           |
| Par   | t 7:             | List Certain Payments or Transfers                         | S        |  |                          |                           |
| 16.   | consu            | Ited about seeking bankruptcy or                           | prepari  | id you or anyone else acting on your behalf pa<br>ng a bankruptcy petition?<br>s, or credit counseling agencies for services requi |                          | rty to anyone you         |
|       | □ N              | 0  |          |  |                          |                           |
|       | <b>■</b> Y       | es. Fill in the details.                                   |          |  |                          |                           |
|       |                  | on Who Was Paid  |          | Description and value of any property  | Date payment             | Amount of                 |
|       | Addre            | ess<br>For website address                                 |          | transferred  | or transfer was made     | payment                   |
|       |                  | on Who Made the Payment, if Not \                          | ou/      |  | made                     |                           |
| Offic | ial Form         | 107 Sta  | tement o | of Financial Affairs for Individuals Filing for Bankrupt   | tcy                      | page 4                    |

|     | otor 1 Fernando Martinez Otor 2 Patricia Martinez  |   | c  | case number (if known)                                       |  |  |
|-----|--|---|--|--|--|--|
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo   | transferred   | value of any prope                                     | Date payment or transfer was made                            | Amount of<br>payment                     |  |
|     | Law Office of Chris Bush<br>1081 Camino del Rio South, Suite 11<br>San Diego, CA 92108<br>chris@chrisbushlaw.com   | Attorney Fees<br>0  | & Filing Fee   | June 2019  | \$2,000.00                               |  |
|     | 001 Debtorcc, Inc.<br>378 Summit Ave.<br>Jersey City, NJ 07306<br>debtorcc.org   | \$14.95   |  |  | \$14.95                                  |  |
| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y  No Yes. Fill in the details.   | tors or to make payment   |  |  | perty to anyone who                      |  |
|     | Person Who Was Paid<br>Address   | Description and transferred   | value of any prope                                     | Date payment or transfer was made                            | Amount of payment                        |  |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers rinclude gifts and transfers that you have alread No  Yes. Fill in the details.  Person Who Received Transfer | business or financial aff<br>made as security (such as<br>ady listed on this statemen | tairs? the granting of a set.  value of                | ecurity interest or mortgage on yo  Describe any property or | our property). Do not  Date transfer was |  |
|     | Address Person's relationship to you   | property transfer   | red  | payments received or debts paid in exchange                  | or debts made                            |  |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-p  ■ No  □ Yes. Fill in the details.  |   | ny property to a se                                    | elf-settled trust or similar devic                           | e of which you are a                     |  |
|     | Name of trust  | Description and   | value of the prope                                     | rty transferred  | Date Transfer was made                   |  |
| Pa  | List of Certain Financial Accounts, I  | nstruments, Safe Depos  | it Boxes, and Stor                                     | age Units  |  |  |
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, ass   | or other financial accou  | ınts; certificates o                                   | -  |  |  |
|     | Yes. Fill in the details.  Name of Financial Institution and   | Last 4 digits of  | Type of accoun   | t or Date account was  | Last balance                             |  |
|     | Address (Number, Street, City, State and ZIP Code)   | account number  | instrument   | closed, sold,<br>moved, or<br>transferred                    | before closing or<br>transfer            |  |
|     | Califonia Coast Credit<br>PO Box 502080<br>San Diego, CA 92105   | XXXX-   | ■ Checking □ Savings □ Money Marke □ Brokerage □ Other | <b>4/2019</b>  | \$0.00                                   |  |

| Del | tor 2 Patricia Martinez  |   | Case number (if known)                 |                       |
|-----|--|---|--|-----------------------|
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?   | before you filed for bankruptcy, ar   | ny safe deposit box or other depositor | y for securities,     |
|     | ■ No   |   |  |                       |
|     | Yes. Fill in the details.  |   |  |                       |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had access to it? Address (Number, Street, City, State and ZIP Code)                 | Describe the contents                  | Do you still have it? |
| 22. | Have you stored property in a storage unit or pla  | ace other than your home within 1   | year before you filed for bankruptcy?  |                       |
|     | ■ No □ Yes. Fill in the details.   |   |  |                       |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | Describe the contents                  | Do you still have it? |
| Par | 9: Identify Property You Hold or Control for S   | Someone Else  |  |                       |
| 23. | Do you hold or control any property that someout for someone.  | ne else owns? Include any propert   | ty you borrowed from, are storing for, | or hold in trust      |
|     | ■ No<br>□ Yes. Fill in the details.  |   |  |                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | Describe the property                  | Value                 |
| Par | 10: Give Details About Environmental Informa   | tion  |  |                       |
| For | he purpose of Part 10, the following definitions a   | apply:  |  |                       |
|     | Environmental law means any federal, state, or I toxic substances, wastes, or material into the air regulations controlling the cleanup of these sub | r, land, soil, surface water, ground  |  |                       |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal s   | defined under any environmental l   | aw, whether you now own, operate, o    | r utilize it or used  |
|     | Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s   | nental law defines as a hazardous   | waste, hazardous substance, toxic si   | ubstance,             |
| Rep | ort all notices, releases, and proceedings that yo   |   | they occurred.                         |                       |
| 24. | Has any governmental unit notified you that you  | may be liable or potentially liable   | under or in violation of an environme  | ntal law?             |
|     | ■ No   |   |  |                       |
|     | Yes. Fill in the details.  |   |  |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)                          | Environmental law, if you know it      | Date of notice        |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?  |  |                       |
|     | ■ No □ Yes. Fill in the details.   |   |  |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and                                    | Environmental law, if you know it      | Date of notice        |
|     |  | ZIP Code)   |  |                       |

Debtor 1 Fernando Martinez

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person \_ . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this infor                             | mation to identify your case:   |  |                                      |
|--|---|--|--------------------------------------|
| Debtor 1                                       | Fernando Martinez   |  |                                      |
| <b>D</b> 17 0                                  | First Name Middle Name  | Last Name  |                                      |
| Debtor 2<br>(Spouse if, filing)                | Patricia Martinez First Name Middle Name  | Last Name  |                                      |
| United States Ba                               | ankruptcy Court for the: SOUTHERN DIS   | STRICT OF CALIFORNIA   |                                      |
| _  |   |  |                                      |
| Case number _ (if known)                       |   |  | ☐ Check if this is an amended filing |
| Official Fo                                    | orm 108   |  |                                      |
| Stateme  | nt of Intention for Indi  | viduals Filing Under Chapte  | r <b>7</b> 12/15                     |
| creditors have lease.  You must file the       | ever is earlier, unless the court extends t   |  |                                      |
| If two married po<br>sign an<br>Be as complete | eople are filing together in a joint case, b<br>nd date the form.   | oth are equally responsible for supplying correct inf is needed, attach a separate sheet to this form. On the                      |                                      |
| 1. For any credit                              |   | D: Creditors Who Have Claims Secured by Property What do you intend to do with the property that                                   | (Official Form 106D), fill in the    |
|  |   | secures a debt?  | as exempt on Schedule C?             |
| Creditor's <b>(</b>                            | Cal HFA   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No                                 |
| Description of property securing debt          | 2585 Cypress Avenue Lemon<br>Grove, CA 91945 San Diego<br>County<br>Debtors' residence; 3 bedroom,<br>1 bathroom house. | <ul><li>■ Retain the property and enter into a<br/>Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes                                |
| Creditor's (                                   | Cal HFA   | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □No                                  |
| Description of property securing debt          | Grove, CA 91945 San Diego   | <ul><li>■ Retain the property and enter into a<br/>Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes                                |
| Creditor's <b>F</b>                            | Ford Credit   | ☐ Surrender the property.  | ■ No                                 |

| Debtor 1 Fernando Martinez Debtor 2 Patricia Martinez   | Case number (if know   | n)                                 |
|---|--|------------------------------------|
| name:   | ☐ Retain the property and redeem it.                               | □Yes                               |
| Description of 2018 Ford Explorer Sport SUV   | Retain the property and enter into a Reaffirmation Agreement.      |                                    |
| property securing debt:  4D 17,015 miles LEASE INTEREST   | Retain the property and [explain]: Assume Lease                    | _                                  |
| Creditor's Renovate America: HERO Program   | ☐ Surrender the property. ☐ Retain the property and redeem it.     | □ No                               |
| Description of 2505 Common Avenue Lamon   | Retain the property and enter into a                               | ■ Yes                              |
| Description of property 2585 Cypress Avenue Lemon Grove, CA 91945 San Diego   | Reaffirmation Agreement.   |                                    |
| securing debt: County Debtors' residence; 3 bedroom, 1 bathroom house.  | ☐ Retain the property and [explain]:                               | _                                  |
| Creditor's U.S. Bank Home Mortgage name:  | ☐ Surrender the property. ☐ Retain the property and redeem it.     | □ No                               |
| Description of OFOF O   | Retain the property and enter into a                               | Yes                                |
| Description of 2585 Cypress Avenue Lemon<br>property Grove, CA 91945 San Diego  | Reaffirmation Agreement.   |                                    |
| securing debt:  County Debtors' residence; 3 bedroom, 1 bathroom house.   | ☐ Retain the property and [explain]:                               |                                    |
| Creditor's Volkswagon Credit, Inc.  | ■ Surrender the property.  | □ No                               |
| name:   | Retain the property and redeem it.                                 | =                                  |
| Description of 2018 VW Golf GTI SE Hatchback  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | Yes                                |
| property 15,697 miles securing debt: Very good condition  | Retain the property and [explain]:                                 |                                    |
| Part 2: List Your Unexpired Personal Property Leases  |  |                                    |
| For any unexpired personal property lease that you listed<br>in the information below. Do not list real estate leases. Un<br>You may assume an unexpired personal property lease if | expired leases are leases that are still in effect; t              | he lease period has not yet ended. |
| Describe your unexpired personal property leases  |  | Will the lease be assumed?         |
| Lessor's name: Ford Credit  |  | □ No                               |
|   |  | Yes                                |
| Description of leased Property:  Lease of 2018 Ford Explorer Springer Condition   | port SUV 4D with 17,015 miles in very good                         |                                    |
| Part 3: Sign Below  |  |                                    |
| Under penalty of perjury, I declare that I have indicated my property that is subject to an unexpired lease.  | y intention about any property of my estate that s                 | secures a debt and any personal    |
| X /s/ Fernando Martinez   | X /s/ Patricia Martinez  |                                    |

| Debtor 1 Fernando M<br>Debtor 2 Patricia Mar |      | Case number (if known)    |  |  |
|--|------|---------------------------|--|--|
| Fernando Martinez                            |      | Patricia Martinez         |  |  |
| Signature of Debtor 1                        |      | Signature of Debtor 2     |  |  |
| Date June 28,                                | 2019 | Date <b>June 28, 2019</b> |  |  |

|  |  |   |   | _   |                                |  |                           |   |                            |
|--|--|---|---|---|--------------------------------|--|---------------------------|---|----------------------------|
|  | rmation to identify your case:   |   |   |   | eck on<br>2A-1Sı               |  | lirected                  | in this form and i  | n Form                     |
| Debtor 1                                       | Fernando Martinez  |   |   | 1-2                                       | _,                             | app.   |                           |   |                            |
| Debtor 2<br>(Spouse, if filing)                | Patricia Martinez  |   |   |   |                                | here is no pres                                | •                         |   |                            |
|  | Bankruptcy Court for the: Southern D   | istrict of Cali                                   | fornia  |   | á                              |  | nade un                   | nine if a presump<br>der <i>Chapter 7 M</i><br>m 122A-2). |                            |
| Case number<br>(if known)                      |  |   |   |   | □ 3. T                         | he Means Test                                  | does n                    | ot apply now bece but it could app                        |                            |
|  |  |   |   |   | ☐ Ch                           | eck if this is a                               | ın ameı                   | nded filina   | •                          |
| Official F                                     | Form 122A - 1  |   |   |   |                                |  |                           | 3   |                            |
|  | 7 Statement of Your  | Currer  | nt Monthl   | v Inc                                     | om                             | e  |                           |   | 12/15                      |
| <u> </u>                                       | - Ctatomont or Tour  | <del> </del>                                      |   | <del>,o</del>                             |                                |  |                           |   | 12/10                      |
| case number (if qualifying milita              | e sheet to this form. Include the line number known). If you believe that you are exemper service, complete and file Statement of alculate Your Current Monthly Incom-   | ted from a pr<br>Exemption f                      | esumption of abu  | se becau                                  | se you                         | do not have pri                                | marily co                 | nsumer debts or   | because of                 |
| 1. What is                                     | your marital and filing status? Check  | one only.   |   |   |                                |  |                           |   |                            |
| ☐ Not m  | narried. Fill out Column A, lines 2-11.  | •   |   |   |                                |  |                           |   |                            |
| ■ Marrie                                       | ed and your spouse is filing with you  | . Fill out both                                   | n Columns A and   | B. lines                                  | 2-11.                          |  |                           |   |                            |
|  | ed and your spouse is NOT filing with  |   |   | •   |                                |  |                           |   |                            |
|  | ing in the same household and are n  | -   | -   |   | lumns                          | A and B lines:                                 | 2-11                      |   |                            |
| ☐ <b>Liv</b>                                   | ing separately or are legally separate nalty of perjury that you and your spous ng apart for reasons that do not include   | ed. Fill out Co<br>se are legally                 | olumn A, lines 2-<br>separated unde                               | 11; do no<br>r nonban                     | t fill ou<br>kruptc            | it Column B. By<br>y law that appli            | checki                    |   |                            |
| Fill in the av<br>101(10A). Fo<br>the 6 months | erage monthly income that you received fir<br>r example, if you are filing on September 15,<br>, add the income for all 6 months and divide the same rental property, put the income from                        | rom all sourc<br>the 6-month p<br>the total by 6. | es, derived during<br>eriod would be Ma<br>Fill in the result. Do | g the 6 full<br>rch 1 throu<br>not includ | I month<br>ugh Aug<br>de any i | ns before you file<br>gust 31. If the amount m | e this ba<br>ount of your | our monthly income once. For example                      | varied during<br>, if both |
|  |  |   |   |   | Colur                          |  |                           | nn B<br>or 2 or<br>iling spouse                           |                            |
|  | oss wages, salary, tips, bonuses, ove eductions).  | rtime, and o                                      | ommissions (b   | efore all                                 | \$                             | 4,141.78                                       | \$                        | 3,829.08  |                            |
|  | <b>and maintenance payments.</b> Do not i B is filled in.  | nclude paym                                       | ents from a spo   | use if                                    | \$                             | 0.00   | \$                        | 0.00  |                            |
| of you of<br>from an u<br>and room             | unts from any source which are regul<br>r your dependents, including child su<br>unmarried partner, members of your hou<br>nmates. Include regular contributions fro<br>Do not include payments you listed on li | upport. Incluusehold, you om a spouse             | de regular contri<br>r dependents, pa                             | butions<br>arents,                        | \$                             | 0.00   | \$                        | 0.00  |                            |
|  | me from operating a business, profe  |   |   |   |                                |  |                           |   |                            |
|  |  |   | Debtor 1  |   |                                |  |                           |   |                            |
|  | ceipts (before all deductions)   | \$  | 376.96  |   |                                |  |                           |   |                            |
| ,  | and necessary operating expenses   | <b>-</b> \$                                       | 113.05  | Corr                                      |                                |  |                           |   |                            |
| professio                                      | thly income from a business,<br>in, or farm  | \$  | 263.91  | Copy<br>here ->                           | \$                             | 263.91   | \$                        | 0.00  |                            |
| 6. Net inco                                    | me from rental and other real proper   | ty  | Debtor 1  |   |                                |  |                           |   |                            |

Official Form 122A-1

\$

-\$

\$

0.00

0.00

0.00 Copy here -> \$

\$

0.00

0.00

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00

0.00

| ebtor 1<br>ebtor 2  | Patricia Martinez   |   |                | Case numbe        | er ( <i>if known</i> ) |                     |            |                      |
|---------------------|---|---|----------------|-------------------|------------------------|---------------------|------------|----------------------|
|                     |   |   |                | Column A Debtor 1 |                        | Column B Debtor 2 o | or         |                      |
| 8. <b>Un</b>        | employment compensation   |   |                | \$                | 0.00                   | \$                  | 0.00       |                      |
| tho                 | not enter the amount if you contend that the amount Social Security Act. Instead, list it here:   |   | nefit unde     | r                 |                        |                     |            |                      |
| ı                   | For your spouse \$  | ;   | 0.00           |                   |                        |                     |            |                      |
|                     |   |   | 0.00           |                   |                        |                     |            |                      |
| bei                 | nsion or retirement income. Do not include any armefit under the Social Security Act.   |   |                | \$                | 0.00                   | \$                  | 0.00       |                      |
| Do<br>red<br>doi    | come from all other sources not listed above. Spends include any benefits received under the Social served as a victim of a war crime, a crime against humestic terrorism. If necessary, list other sources on all below. | Security Act or paym manity, or internation | ents<br>nal or |                   |                        |                     |            |                      |
|                     | ·   |   |                | \$                | 0.00                   | \$                  | 0.00       |                      |
|                     |   |   |                | \$                | 0.00                   | \$                  | 0.00       |                      |
|                     | Total amounts from separate pages, if any.  |   | +              | \$                | 0.00                   | \$                  | 0.00       |                      |
| 1. <b>Ca</b><br>ead | Iculate your total current monthly income. Add lich column. Then add the total for Column A to the to   | nes 2 through 10 for otal for Column B.     | \$             | 4,405.69          | + \$_                  | 3,829.08            | = \$       | 8,234.77             |
| rt 2:               | Determine Whether the Means Test Applies  |   |                |                   |                        |                     | incom      | current monthly<br>e |
|                     | a. Copy your total current monthly income from line   | •   |                | Сор               | y line 11              | here=>              | \$         | 8,234.77             |
|                     | Multiply by 12 (the number of months in a year)   |   |                |                   |                        |                     | X          | 12                   |
| 121                 | b. The result is your annual income for this part of the  | ie form                                     |                |                   |                        | 12                  | b. \$      | 98,817.24            |
| 3. <b>Ca</b>        | Iculate the median family income that applies to  | you. Follow these si                        | teps:          |                   |                        |                     |            |                      |
| Fill                | in the state in which you live.   | CA  |                |                   |                        |                     |            |                      |
| Fill                | in the number of people in your household.  | 3   |                |                   |                        |                     |            |                      |
| To                  | in the median family income for your state and size find a list of applicable median income amounts, go this form. This list may also be available at the bank  | online using the link                       |                | I in the separ    | ate instru             | 13<br>ctions        | . \$       | 84,003.00            |
| 4. <b>Ho</b>        | w do the lines compare?   |   |                |                   |                        |                     |            |                      |
| 14                  | <ul> <li>Line 12b is less than or equal to line 13. C</li> <li>Go to Part 3.</li> </ul>   | on the top of page 1,                       | check bo       | x 1, There is     | no presui              | mption of abu       | se.        |                      |
| 141                 | b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.   | of page 1, check box                        | 2, The p       | resumption o      | f abuse is             | determined l        | by Form 1. | 22A-2.               |
| rt 3:               | Sign Below  |   |                |                   |                        |                     |            |                      |
|                     | By signing here, I declare under penalty of perjury   | y that the information                      | on this st     | atement and       | in any at              | tachments is        | true and c | orrect.              |
|                     | X /s/ Fernando Martinez   | x   | /s/ Pati       | ricia Martin      | ez                     |                     |            |                      |
|                     | Fernando Martinez   | ^   | Patrici        | a Martinez        |                        |                     |            |                      |
| D                   | Signature of Debtor 1  ate June 28, 2019  | Date  | June 2         |                   | <u> </u>               |                     |            |                      |
|                     | MM / DD / YYYY  If you checked line 14a, do NOT fill out or file Form   | m 122A-2.                                   | IVIIVI / DL    | O / YYYY          |                        |                     |            |                      |
|                     | If you checked line 14b, fill out Form 122A-2 and   | file it with this form.                     |                |                   |                        |                     |            |                      |

**Fernando Martinez** 

| Fill in this information to identify your case:  Debtor 1  | Check the appropriate box as directed in lines 40 or 42:  According to the calculations required by this Statement:  1. There is no presumption of abuse. |
|--|---|
| Case number (if known)   | 2. There is a presumption of abuse.   |
| Official Form 122A - 2 Chapter 7 Means Test Calculation To fill out this form, you will need your completed copy of Chapter 7 State  | ☐ Check if this is an amended filing  04/19  tement of Your Current Monthly Income (Official Form 122A-1).  |
| Be as complete and accurate as possible. If two married people are filing space is needed, attach a separate sheet to this form, Include the line nu additional pages, write your name and case number (if known). |   |
| Part 1: Determine Your Adjusted Income   |   |
| Copy your total current monthly incomeCopy line  | 11 from Official Form 122A-1 here=> \$ 8,234.77   |
| 2. Did you fill out Column B in Part 1 of Form 122A-1?  ☐ No. Fill in \$0 for the total on line 3.  ☐ Yes. Is your spouse Filing with you?  ☐ No. Go to line 3.  ☐ Yes. Fill in \$0 for the total on line 3.       |   |

Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household

Fill in the amount you are subtracting from

your spouse's income

0.00

Copy total here=>... - \$

\$

\$ \_\_\_

household expenses of you or your dependents. Follow these steps:

State each purpose for which the income was used

Adjust your current monthly income. Subtract line 3 from line 1.

support other than you or your dependents.

For example, the income is used to pay your spouse's tax debt or to

Total.

expenses of you or your dependents?

No. Fill in 0 for the total on line 3.☐ Yes. Fill in the information below:

Official Form 122A-2

0.00

8,234.77

| Sebtor 1 Fernando Martinez Patricia Martinez   |  | Case number (if known)  |                         |         |
|--|--|---|-------------------------|---------|
| art 2: Calculate Your Deductions from Your Income  |  |   |                         |         |
| The Internal Revenue Service (IRS) issues National and I to answer the questions in lines 6-15. To find the IRS sta instructions for this form. This information may also be a   | ndards, go online                            | using the link specified in                                   |                         |         |
| Deduct the expense amounts set out in lines 6-15 regardless your actual expenses if they are higher than the standards. Dincome in line 3 and do not deduct any operating expenses the   | Oo not deduct any ar                         | nounts that you subtracted f                                  | ro your spouse's        |         |
| If your expenses differ from month to month, enter the average   | ge expense.                                  |   |                         |         |
| Whenever this part of the from refers to you, it means both you  | ou and your spouse                           | if Column B of Form 122A-1                                    | is filled in.           |         |
| 5. The number of people used in determining your dec   | ductions from inco                           | me  |                         |         |
| Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household.  |  |   | 3                       |         |
| National Standards You must use the IRS National   | al Standards to answ                         | er the questions in lines 6-7                                 |                         |         |
| <ol> <li>Food, clothing, and other items: Using the number of<br/>Standards, fill in the dollar amount for food, clothing, and</li> </ol>  |  | in line 5 and the IRS Nation                                  | nal \$1                 | ,446.00 |
| <ol> <li>Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional contents.</li> </ol> | mber of people is spl<br>a higher IRS allowa | it into two categoriespeopl<br>ance for health care costs. If | e who are under 65 and  |         |
| People who are under 65 years of age   |  |   |                         |         |
| 7a. Out-of-pocket health care allowance per person   | \$55.00                                      |   |                         |         |
| 7b. Number of people who are under 65  | X <b>3</b>                                   |   |                         |         |
| 7c. <b>Subtotal.</b> Multiply line 7a by line 7b.  | \$165.00                                     | Copy here=> \$  | 165.00                  |         |
| People who are 65 years of age or older  |  |   |                         |         |
| 7d. Out-of-pocket health care allowance per person   | \$ 114.00                                    |   |                         |         |
| 7e. Number of people who are 65 or older   | X0   |   |                         |         |
| 7f. <b>Subtotal.</b> Multiply line 7d by line 7e.  | \$   | Copy here=> +\$   | 0.00                    |         |
| 7g. T <b>otal.</b> Add line 7c and line 7f   |  | \$165.00  | Copy total here=> \$ 10 | 65.00   |
|  |  |   |                         |         |

**Fernando Martinez** 

| Debtor 1 | Fernando Martinez |
|----------|-------------------|
| Debtor 2 | Patricia Martinez |

Case number (if known)

**Local Standards** You must use the IRS Local Standards to answer the guestions in lines 8-15.

|            |      | n information from the IRS, the U.S. Trustee Prograntcy purposes into two parts:   | n has di  | vided the IRS L     | ocal Stand     | lard for h | ousing for          |                                 |        |
|------------|------|--|-----------|---------------------|----------------|------------|---------------------|---------------------------------|--------|
| <b>=</b> : | Hous | ing and utilities - Insurance and operating expenses   | <b>;</b>  |                     |                |            |                     |                                 |        |
| _          |      | ing and utilities - Mortgage or rent expenses  |           |                     |                |            |                     |                                 |        |
| To         | answ | er the questions in lines 8-9, use the U.S. Trustee Pr   | rogram    | chart.              |                |            |                     |                                 |        |
|            |      | ne chart, go online using the link specified in the separat<br>t may also be available at the bankruptcy clerk's office.                           | e instruc | ctions for this for | m.             |            |                     |                                 |        |
| 8.         |      | using and utilities - Insurance and operating expense<br>the dollar amount listed for your county for insurance and                                |           |                     |                |            |                     |                                 | 620.00 |
| 9.         | Ηοι  | ısing and utilities - Mortgage or rent expenses:   |           |                     |                |            |                     |                                 |        |
|            | 9a.  | Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses                                     |           |                     |                | \$         | 2,223.00            |                                 |        |
|            | 9b.  | Total average monthly payment for all mortgages and  | other de  | bts secured by y    | our home.      |            |                     |                                 |        |
|            |      | To calculate the total average monthly payment, add a contractually due to each secured creditor in the 60 more for bankruptcy. Then divide by 60. |           |                     |                |            |                     |                                 |        |
|            |      | Name of the creditor   | Avera     | age monthly<br>ent  |                |            |                     |                                 |        |
|            |      | U.S. Bank Home Mortgage  | \$        | 2,447.14            |                |            |                     |                                 |        |
|            |      | Total average monthly payment  | \$        | 2,447.14            | Copy<br>here=> | -\$        | 2,447.14            | Repeat this amount on line 33a. |        |
|            | 9c.  | Net mortgage or rent expense.  |           |                     |                |            |                     |                                 |        |
|            |      | Subtract line 9b (total average monthly payment) from or rent expense). If this amount is less than \$0, enter \$                                  |           |                     | \$             |            | 0.00 Copy<br>here=> | \$                              | 0.00   |
| 10.        |      | ou claim that the U.S. Trustee Program's division of cts the calculation of your monthly expenses, fill in   |           |                     |                | ng is inco | orrect and          | \$                              | 0.00   |

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 510.00

| Debtor 1<br>Debtor 2 |                      | ando Martinez<br>cia Martinez                      |   |                 |                | Case nu            | mber ( <i>if l</i> | known)          |  |        |
|----------------------|----------------------|--|---|-----------------|----------------|--------------------|--------------------|-----------------|--|--------|
|                      | You may              |  | pense: Using the IRS Local if you do not make any loan  |                 |                |                    |                    |                 |  |        |
| Veh                  | icle 1               | Describe Vehicle 1:                                | 2018 Ford Explorer Sp condition.  | ort SUV 4       | D 17,015 m     | niles in           | very               | good            |  |        |
| 13a.                 | Ownersh              | ip or leasing costs usin                           | g IRS Local Standard  |                 |                | \$                 |                    | 508.00          |  |        |
|                      | -                    | monthly payment for all clude costs for leased     | I debts secured by Vehicle 1 vehicles.  |                 |                |                    |                    |                 |  |        |
|                      | are contr            |  | ly payment here and on line<br>cured creditor in the 60 mon   |                 |                | at                 |                    |                 |  |        |
|                      | Nan                  | ne of each creditor fo                             | r Vehicle 1   | Average payment | monthly        |                    |                    |                 |  |        |
|                      | For                  | d Credit   |   | \$              | 177.02         |                    |                    |                 |  |        |
|                      |                      | Total A  | Average Monthly Payment   | \$              | 177.02         | Copy<br>here :     | => -\$             | 177             | Repeat this amount on line 33b.                |        |
| Veh                  | iicle 2              | Describe Vehicle 2:                                | 2018 VW Golf GTI SE F   | -<br>           | c 15,697 mi    | iles Ve            | ry god             | 330.98<br>od    | here => \$                                     | 330.98 |
| 13d.                 | Ownersh              | ip or leasing costs usin                           | g IRS Local Standard  |                 |                | \$                 |                    | 508.00          |  |        |
|                      | Average<br>leased ve |  | I debts secured by Vehicle 2  | . Do not inc    | clude costs fo | or                 |                    |                 |  |        |
|                      | Nan                  | ne of each creditor fo                             | r Vehicle 2   | Average payment | monthly        |                    |                    |                 |  |        |
|                      | Vol                  | kswagon Credit, In                                 | c.  | \$              | 545.00         |                    |                    |                 |  |        |
|                      |                      | Total A  | Average Monthly Payment   | \$              | 545.00         | Copy<br>here<br>=> | -\$                | 545.0           | Repeat this amount on line 33c.                |        |
|                      |                      | cle 2 ownership or leas<br>line 13e from line 13d. | e expense<br>if this amount is less than \$0  | ), enter \$0.   |                | \$                 |                    | 0.00            | Copy net<br>Vehicle 2<br>expense<br>here => \$ | 0.00   |
| 14.                  |                      |  | : If you claimed 0 vehicles in  |                 |                |                    | andarc             | ds, fill in the | Public<br>\$                                   | 0.00   |
|                      | also ded             | uct a public transportati                          | on expense: If you claimed<br>on expense, you may fill in v<br>cal Standard for <i>Public Trans</i> | vhat you be     |                |                    |                    |                 |  | 0.00   |

**Fernando Martinez** 

Debtor 1 Debtor 2 Patricia Martinez

Case number (if known)

| Oth |   | ddition to the expense deductions listed above, you are allowed your monthly expenses following IRS categories.  | or  |          |
|-----|---|--|-----|----------|
| 16. | self-employment taxes, social se your pay for these taxes. However      | It that you will actually owe for federal, state and local taxes, such as income taxes, such it that you will actually owe for federal, state and local taxes, such as income taxes, such it is withheld from er, if you expect to receive a tax refund, you must divide the expected refund by 12 the total monthly amount that is withheld to pay for taxes. |     |          |
|     | Do not include real estate, sales,                                      | or use taxes.  | \$  | 1,467.86 |
| 17. | <b>Involuntary deductions:</b> The torcontributions, union dues, and un | tal monthly payroll deductions that your job requires, such as retirement niform costs.  |     |          |
|     | Do not include amounts that are   | not required by your job, such as voluntary 401(k) contributions or payroll savings.   | \$  | 0.00     |
| 18. | filing together, include payments                                       | ly premiums that you pay for your own term life insurance. If two married people are that you make for your spouse's term life insurance. Do not include premiums for life or a non-filing spouse's life insurance, or for any form of life insurance other than   | \$  | 77.44    |
| 19. |   | total monthly amount that you pay as required by the order of a court or pousal or child support payments.   |     |          |
|     | Do not include payments on past   | t due obligations for spousal or child support. You will list these obligations in line 35.  | \$  | 0.00     |
| 20. | Education: The total monthly am  ■ as a condition for your job, or      | nount that you pay for education that is either required:  |     |          |
|     | for your physically or mentally   | challenged dependent child if no public education is available for similar services.   | \$  | 0.00     |
| 21. | Childcare: The total monthly am   | ount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.   |     |          |
|     | Do not include payments for any   | elementary or secondary school education.  | \$  | 830.00   |
| 22. | that is required for the health and                                     | es, excluding insurance costs: The monthly amount that you pay for health care d welfare of you or your dependents and that is not reimbursed by insurance or paid lude only the amount that is more than the total entered in line 7.   |     |          |
|     | Payments for health insurance or  | r health savings accounts should be listed only in line 25.  | \$  | 0.00     |
| 23. | for you and your dependents, such                                       | <b>one services:</b> The total monthly amount that you pay for telecommunication services ch as pagers, call waiting, caller identification, special long distance, or business cell essary for your health and welfare or that of your dependents or for the production of your employer.   |     |          |
|     |   | ic home telephone, internet and cell phone service. Do not include self-employment d on line 5 of Official Form 122A-1, or any amount you previously deducted.   | +\$ | 0.00     |
| 24. | Add all of the expenses allowe<br>Add lines 6 through 23.               | ed under the IRS expense allowances.   | \$  | 5,447.28 |

Debtor 1 Debtor 2 Patricia Martinez

Case number (if known)

| Add | itional           | Expense Deductions   | These are additional of                         | deductions             | s allowed by the  | e Means Test.   |      |       |
|-----|-------------------|--|---|------------------------|-------------------|---|------|-------|
|     |                   |  | Note: Do not include a                          | any expen              | se allowances     | listed in lines 6-24.   |      |       |
| 25. | insura            |  |   |                        |                   | ses. The monthly expenses for health<br>y necessary for yourself, your spouse, o  | or   |       |
|     | Health            | insurance  |   | \$                     | 0.00              |   |      |       |
|     | Disabi            | lity insurance   |   | \$                     | 0.00              |   |      |       |
|     | Health            | savings account  |   | + \$                   | 0.00              |   |      |       |
|     | Total             |  |   | \$                     | 0.00              | Copy total here=>   | \$\$ | 0.00  |
|     | Do you            | u actually spend this total a                              | amount?   |                        |                   | •   |      |       |
|     |                   | No. How much do you ad                                     | ctually spend?                                  |                        |                   |   |      |       |
|     |                   | Yes  | op on an  | \$                     |                   |   |      |       |
| 26. | continu           | ue to pay for the reasonab                                 | le and necessary care<br>ur immediate family wl | and supp<br>no is unab | ort of an elderly | actual monthly expenses that you will y, chronically ill, or disabled member of ich expenses. These expenses may 9A(b). | \$   | 0.00  |
| 27. |                   |  |   |                        |                   | ses that you incur to maintain the se Act or other federal laws that apply.   |      |       |
|     | By law            | , the court must keep the                                  | nature of these expens                          | es confid              | ential.           |   | \$   | 0.00  |
| 28. | Additi<br>line 8. | onal home energy costs                                     | . Your home energy co                           | sts are in             | cluded in your    | insurance and operating expenses on   |      |       |
|     |                   | believe that you have hom<br>fill in the excess amount     |   | e more tha             | an the home er    | ergy costs included in expenses on line   | •    |       |
|     |                   | ust give your case trustee<br>at claimed is reasonable ar  |   | r actual ex            | kpenses, and y    | ou must show that the additional  | \$   | 0.00  |
| 29. | \$170.8           |  | for your dependent chi                          |                        |                   | e monthly expenses (not more than<br>nan 18 years old to attend a private or  |      |       |
|     |                   | ust give your case trustee<br>d is reasonable and neces    |   |                        |                   | ou must explain why the amount<br>3.  |      |       |
|     | * Subje           | ect to adjustment on 4/01/2                                | 22, and every 3 years a                         | after that f           | or cases begui    | n on or after the date of adjustment.   | \$   | 0.00  |
| 30. | higher            |  | nd clothing allowances                          | in the IR              | S National Star   | ctual food and clothing expenses are indards. That amount cannot be more  |      |       |
|     |                   | d a chart showing the maxi<br>tions for this form. This ch |   |                        |                   | link specified in the separate rk's office.   |      |       |
|     | You m             | ust show that the additiona                                | al amount claimed is re                         | easonable              | and necessar      | /.  | \$   | 0.00  |
| 31. |                   | nuing charitable contribunents to a religious or char      |   |                        |                   | ntribute in the form of cash or financial   | +\$  | 40.00 |
| 32. |                   | II of the additional expenses 25 through 31.               | se deductions.                                  |                        |                   |   | \$   | 40.00 |

Case number (if known)

| Deductions  | s for Debt Payment  |  |         |            |                            |                       |           |                     |      |
|-------------|---|--|---------|------------|----------------------------|-----------------------|-----------|---------------------|------|
| 33. For deb | ots that are secured by an interest in<br>and other secured debt, fill in lines 3           | property that you own, including home  | mortg   | ages, ve   | hicle                      |                       |           |                     |      |
| To calcu    |   | nt, add all amounts that are contractually do  | ue to e | ach secui  | red                        |                       |           |                     |      |
|             | tgages on your home:  | ,  |         |            |                            |                       |           | erage monthly       |      |
| 33а. Сор    | y line 9b here  |  |         |            |                            | =>                    | \$_       | 2,447.14            | 4    |
|             | ns on your first two vehicles:  |  |         |            |                            |                       |           |                     |      |
| 33b. Cop    | y line 13b here   |  |         |            |                            | =>                    | \$_       | 177.02              | 2    |
|             |   |  |         |            |                            | =>                    | \$_       | 545.00              | 0_   |
|             | other secured debts:  |  |         |            |                            |                       |           |                     |      |
| Name of eac | h creditor for other secured debt   | Identify property that secures the debt  |         |            | payme<br>le taxe:<br>ance? |                       |           |                     |      |
|             |   |  |         |            | No                         |                       |           |                     |      |
| -NOI        | NE-   |  |         |            | Yes                        |                       | \$        |                     |      |
| -           |   |  |         |            |                            |                       | Ψ_        |                     | _    |
|             |   |  |         |            | No                         |                       |           |                     |      |
|             |   |  |         | _ 🗆        | Yes                        |                       | \$_       |                     | _    |
|             |   |  |         |            | No                         |                       |           |                     |      |
|             |   |  |         |            | Yes                        |                       | \$        |                     |      |
|             |   |  |         | - <u>-</u> |                            |                       | Ψ –       |                     | _    |
|             |   |  |         |            |                            | Copy                  |           |                     |      |
| 33e. Total  | average monthly payment. Add lines  | 33a through 33d  | \$      | 3,16       | 69.16                      | total<br>here         |           | \$3,169.1           | 16   |
| or other    | r property necessary for your supporting Go to line 35.  State any amount that you must pay | ured by your primary residence, a vehicle or the support of your dependents?  It to a creditor, in addition to the payments of your property (called the <i>cure amount</i> ). | e,      |            |                            |                       |           |                     |      |
| Name of the | ·   | entify property that secures the debt  |         | Total cui  | re                         |                       |           | Monthly cure amount |      |
| -NONE-      |   |  | \$      |            |                            | . 00                  | _         |                     |      |
| -NONE-      |   |  | Ψ       |            |                            | ÷ 60 =                | <b>\$</b> |                     | _    |
|             |   | Total  | \$      |            | 0.00                       | Copy<br>total<br>here |           | \$                  | 0.00 |
|             | owe any priority claims such as a put due as of the filing date of your ba                  | riority tax, child support, or alimony - th<br>nkruptcy case? 11 U.S.C. § 507.   | at      |            |                            |                       |           |                     |      |
| ☐ No.       | Go to line 36.  |  |         |            |                            |                       |           |                     |      |
| ■ Yes       | . Fill in the total amount of all of these ongoing priority claims, such as the             | e priority claims. Do not include current or se you listed in line 19.   |         |            |                            |                       |           |                     |      |
|             | Total amount of all past-due priorit  | y claims   | \$      | 9          | 50.00                      | ÷ 60 =                | = \$      | ß1                  | 5.83 |

**Fernando Martinez** 

**Patricia Martinez** 

Debtor 1 Debtor 2

| Debtor 2     | Patrio          | cia Martinez  |            | Cas              | se number ( <i>if know</i> | n)             |                       |
|--------------|-----------------|---|------------|------------------|----------------------------|----------------|-----------------------|
| F            | or more i       | eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Basi</i> is for this form. <i>Bankruptcy Basics</i> may also be available | cs specif  |                  |                            |                |                       |
|              | No              | Go to line 37.  |            |                  |                            |                |                       |
|              | _               | Fill in the following information.  |            |                  |                            |                |                       |
| _            |                 | Projected monthly plan payment if you were filing under   | Chapter    | 13               | \$                         |                |                       |
|              |                 | Current multiplier for your district as stated on the list is:  |            |                  | Ť                          |                |                       |
|              |                 | Administrative Office of the United States Courts (for dis and North Carolina) or by the Executive Office for Unite (for all other districts).  | stricts in | Alabama          | X                          |                |                       |
|              |                 | To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.                |            |                  |                            | Сору           | total                 |
|              |                 | Average monthly administrative expense if you were filing   | ng under   | Chapter 13       | \$                         | here=          | > \$                  |
|              |                 | of the deductions for debt payment. s 33e through 36.   |            |                  |                            |                | \$3,184.99_           |
| Tota         | l Deduct        | ions from Income  |            |                  |                            |                |                       |
| 38. <b>/</b> | Add all of      | f the allowed deductions.   |            |                  |                            |                |                       |
|              |                 | e 24, All of the expenses allowed under IRS allowances  | \$         | 5,447.28         | 3_                         |                |                       |
|              | Copy line       | e 32, All of the additional expense deductions  | \$         | 40.00            | <u>)</u>                   |                |                       |
|              | Copy line       | e 37, All of the deductions for debt payment  | +\$        | 3,184.99         | 9                          |                |                       |
|              |                 | Total deductions  | \$         | 8,672.27         | Copy tota                  | I here=>       | \$8,672.27            |
| Part 3:      | Dete            | ermine Whether There is a Presumption of Abuse  |            |                  |                            |                |                       |
| 39. <b>(</b> | Calculate       | monthly disposable income for 60 months   |            |                  |                            |                |                       |
|              | 39a. Cop        | by line 4, adjusted current monthly income  | \$         | 8,234.77         | 7                          |                |                       |
|              | 39b. Cop        | by line 38, Total deductions  | -\$        | 8,672.27         | 7                          |                |                       |
|              |                 | nthly disposable income. 11 U.S.C. § 707(b)(2). otract line 39b from line 39a   | \$         | -437.50          | Copy<br>here=>\$           |                | 437.50                |
|              | For the n       | next 60 months (5 years)  |            |                  | <u> </u>                   | x 60           |                       |
|              |                 | · · · · · · · · · · · · · · · · · · ·   |            |                  |                            |                |                       |
|              | 39d. <b>Tot</b> | al. Multiply line 39c by 60   | 39         | d. \$            | -26,250.00                 | Copy<br>here=> | \$\$                  |
| 40. <b>F</b> | ind out v       | whether there is a presumption of abuse. Check the l  | oox that a | applies:         |                            |                |                       |
| ı            | ■ The li        | ne 39d is less than \$8,175*. On the top of page 1 of thi   | s form, c  | heck box 1, Th   | ere is no presi            | umption of abu | se. Go to Part 5.     |
| [            |                 | ne 39d is more than \$13,650*. On the top of page 1 of if you claim special circumstances. Go to Part 5.  | this form  | , check box 2,   | There is a pres            | sumption of ab | use. You may fill out |
| [            | ☐ The lii       | ne 39d is at least \$8,175*, but not more than \$13,650   | *. Go to l | ine 41.          |                            |                |                       |
| *            | Subject to      | o adjustment on 4/01/22, and every 3 years after that for   | cases fi   | ed on or after t | the date of adj            | ustment.       |                       |

**Fernando Martinez** 

Debtor 1

| Debtor 1<br>Debtor 2 |                      | nando Martinez<br>icia Martinez   | Case                         | e number ( <i>if</i> | known)         |                |              |
|----------------------|----------------------|---|------------------------------|----------------------|----------------|----------------|--------------|
| 41.                  | 41a.                 | Fill in the amount of your total nonpriority unsecured debt A Summary of Your Assets and Liabilities and Certain Statistic Schedules (Official Form 106Sum), you may refer to line 3b on  | al Information               | \$x                  | .25            | ]              |              |
|                      | 41b.                 | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 7 Multiply line 41a by 0.25   | . , . , . , . , . , . ,      | \$                   |                | Copy<br>here=> | \$           |
| 25                   | % of y               | ne whether the income you have left over after subtracting a your unsecured, nonpriority debt. the box that applies:  |                              | ctions is            | enough to pa   | шу             |              |
|                      |                      | <b>39d is less than line 41b.</b> On the top of page 1 of this form, cho Part 5.  | eck box 1, There             | is no pres           | sumption of ab | use.           |              |
|                      |                      | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of <i>umption of abuse.</i> You may fill out Part 4 if you claim special circ  |                              |                      |                |                |              |
| Part 4:              | Giv                  | ve Details About Special Circumstances  |                              |                      |                |                |              |
| _                    | es. Fil<br>ite<br>Yo | to to Part 5.  If in the following information. All figures should reflect your average. You may include expenses you listed in line 25.  The purpose a detailed explanation of the special circumstances accessary and reasonable. You must also give your case trustee of the special circumstances in the special circumstances are specially the special circumstances. | that make the ex             | penses o             | r income adjus | stments        | ach          |
|                      | G                    | Sive a detailed explanation of the special circumstances  |                              |                      | onthly expens  | e              |              |
|                      |                      |   | \$                           |                      |                |                |              |
|                      |                      |   | \$                           |                      |                |                |              |
|                      |                      |   | \$                           |                      |                |                |              |
|                      |                      |   | \$                           |                      |                |                |              |
| art 5:               | Sig                  | n Below   |                              |                      |                |                |              |
|                      |                      | gning here, I declare under penalty of perjury that the information   | n on this stateme            | nt and in            | any attachmer  | nts is true    | and correct. |
|                      | X /s                 | / Fernando Martinez   | / /s/ Patricia N             | lartinez             |                |                |              |
|                      | Fe                   | ernando Martinez  | Patricia Mart                | tinez                |                |                |              |
| _                    |                      | gnature of Debtor 1   | Signature of De              |                      |                |                |              |
| Da                   |                      | une 28, 2019 Date M / DD / YYYY   | June 28, 201<br>MM / DD / YY |                      |                | _              |              |

Debtor 1 Debtor 2 Patricia Martinez

Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 12/01/2018 to 05/31/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: P.F. Automotive, LLC

Income by Month:

| 6 Months Ago: | 12/2018            | \$4,265.14 |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2019            | \$4,423.85 |
| 4 Months Ago: | 02/2019            | \$3,844.21 |
| 3 Months Ago: | 03/2019            | \$3,832.89 |
| 2 Months Ago: | 04/2019            | \$1,734.61 |
| Last Month:   | 05/2019            | \$0.00     |
|               | Average per month: | \$3,016.78 |

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: San Diego Auto Connection, Inc.

Income by Month:

| 6 Months Ago: | 12/2018            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2019            | \$0.00     |
| 4 Months Ago: | 02/2019            | \$0.00     |
| 3 Months Ago: | 03/2019            | \$0.00     |
| 2 Months Ago: | 04/2019            | \$2,000.00 |
| Last Month:   | 05/2019            | \$4,750.00 |
|               | Average per month: | \$1,125.00 |

#### Line 5 - Income from operation of a business, profession, or farm

Source of Income: **Uber Driver** Income/Expense/Net by Month:

|               | Date               | Income     | Expense                     | Net      |
|---------------|--------------------|------------|-----------------------------|----------|
| 6 Months Ago: | 12/2018            | \$0.00     | \$0.00                      | \$0.00   |
| 5 Months Ago: | 01/2019            | \$0.00     | \$0.50                      | \$-0.50  |
| 4 Months Ago: | 02/2019            | \$937.60   | \$269.51                    | \$668.09 |
| 3 Months Ago: | 03/2019            | \$1,324.17 | \$408.30                    | \$915.87 |
| 2 Months Ago: | 04/2019            | \$0.00     | \$0.00                      | \$0.00   |
| Last Month:   | 05/2019            | \$0.00     | \$0.00                      | \$0.00   |
| _             | Average per month: | \$376.96   | \$113.05                    |          |
|               |                    |            | Average Monthly NET Income: | \$263.91 |

Debtor 1 Debtor 2 Patricia Martinez

Case number (if known)

#### **Current Monthly Income Details for the Debtor's Spouse**

**Spouse Income Details:** 

Income for the Period 12/01/2018 to 05/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Planned Parenthood of the Pacific SouthW

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$35,493.23 from check dated 11/30/2018. Ending Year-to-Date Income: \$38,672.83 from check dated 12/28/2018.

This Year:

Current Year-to-Date Income: \$19,794.86 from check dated 5/31/2019 .

Income for six-month period (Current+(Ending-Starting)): \$22,974.46.

Average Monthly Income: \$3,829.08.

Revised: 1/24/13

Name, Address, Telephone No. & I.D. No. Christopher R. Bush 243471
1081 Camino del Rio South, Suite 110

San Diego, CA 92108

619/678-1134 243471 CA

#### UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA 325 West "F" Street, San Diego, California 92101-6991

In Re

Fernando Martinez Patricia Martinez

BANKRUPTCY NO.

Tax I.D. / S.S. #: xxx-xx-7206/xxx-xx-7764

Debtor.

#### UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA RIGHTS AND RESPONSIBILITIES OF CHAPTER 7 DEBTORS AND THEIR ATTORNEY

In order for debtors and their attorneys to understand their rights and responsibilities in the bankruptcy process, the following terms of engagement are hereby agreed to by the parties.

Nothing in this agreement should be construed to excuse an attorney from any ethical duties or responsibilities under Federal Rule of Bankruptcy Procedure 9011 and the Local Bankruptcy Rules.

## I. Services Included in the Initial Fee Charged

The following are services that an attorney must provide as part of the initial fee charged for representation in a Chapter 7 case:

- 1. Meet with the debtor to review the debtor's assets, liabilities, income and expenses.
- 2. Analyze the debtor's financial situation, and render advice to the debtor in determining whether to file a petition in bankruptcy.
- 3. Describe the purpose, benefits, and costs of the Chapters the debtor may file, counsel the debtor regarding the advisability of filing either a Chapter 7, 11, or 13 case, and answer the debtor's questions.
- 4. Advise the debtor of the requirement to attend the Section 341(a) Meeting of Creditors, and instruct the debtor as to the date, time and place of the meeting.
- 5. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on vehicles securing loans or leases.

- 6. Timely prepare, file and serve, as required, the debtor's petition, schedules, Statement of Financial Affairs, and any necessary amendments to Schedule C.
- 7. Provide documents pursuant to the Trustee Guidelines and any other information requested by the Chapter 7 Trustee or the Office of the United State Trustee.
- 8. Provide an executed copy of the Rights and Responsibilities of Chapter 7 Debtors and their Attorneys to the debtor.
- 9. Appear and represent the debtor at the Section 341(a) Meeting of Creditors, and any continued meeting, except as further set out in Section II.
- 10. File the Certificate of Debtor Education if completed by the debtor and provided to the attorney before the case is closed.
- 11. Attorney shall have a continuing obligation to assist the debtor by returning telephone calls, answering questions and reviewing and sending correspondence.
- 12. Respond to and defend objections to claim(s) of exemption arising from attorney error(s) in Schedule C.

# II. Services Included as Part of Chapter 7 Representation, Subject to an Additional Fee

The following are services, included as part of the representation of the debtor, but for which the attorney may charge additional fees.

- 1. Representation at any continued meeting of creditors due to client's failure to appear or failure to provide required documents or acceptable identification;
- 2. Amendments, except that no fee shall be charged for any amendment to Schedule C that may be required as a result of attorney error;
- 3. Opposing Motions for Relief from Stay;
- 4. Reaffirmation Agreements and hearings on Reaffirmation Agreements;
- 5. Redemption Motions and hearings on Redemption Motions;
- 6. Preparing, filing, or objecting to Proofs of Claims, when appropriate, and if applicable;
- 7. Representation in a Motion to Dismiss or Convert debtor's case;
- 8. Motions to Reinstate or Extend the Automatic Stay;
- 9. Negotiations with Chapter 7 Trustee in aid of resolving nonexempt asset, turnover or asset administration issues.

#### III.

## Additional Services Not Included in the Initial Fee Which Will Require a Separate Fee Agreement

The following services are <u>not</u> included as part of the representation in a Chapter 7 case, unless the attorney and debtor negotiate representation in these post-filing matters at mutually agreed upon terms in advance of any obligation of the attorney to render services. Unless a new fee agreement is negotiated between debtor and attorney, attorney will not be required to represent the debtor in these matters:

- 1. Defense of Complaint to Determine Non-Dischargeability of a Debt or filing Complaint to determine Dischargeability of Debt;
- 2. Defense of a Complaint objecting to discharge;
- 3. Objections to Claim of Exemption, except where an objection arises due to an error on Schedule C;
- 4. Sheriff levy releases;
- 5. Section 522(f) Lien Avoidance Motions;
- 6. Opposing a request for, or appearing at a 2004 examination;
- 7. All other Motions or Applications in the case, including to Buy, Sell, or Refinance Real or other Property;
- 8. Motions or other proceedings to enforce the automatic stay or discharge injunction;
- 9. Filing or responding to an appeal;
- 10. An audit of the debtor's case conducted by a contract auditor pursuant to 28 U.S.C. Section 586(f).

#### IV.

### **Duties and Responsibilities of the Debtor**

As the debtor filing for a Chapter 7 bankruptcy, you must:

- 1. Fully disclose everything you own, lease, or otherwise believe you have a right or interest in prior to filing the case;
- 2. List everyone to whom you owe money, including your friends, relatives or someone you want to repay after the bankruptcy is filed;
- 3. Provide accurate and complete financial information;
- 4. Provide all requested information and documentation in a timely manner, in accordance with the Chapter 7 Trustee Guidelines;
- 5. Cooperate and communicate with your attorney;
- 6. Discuss the objectives of the case with your attorney before you file;

- 7. Keep the attorney updated with any changes in contact information, including email address;
- 8. Keep the attorney updated on any and all collection activities by any creditor, including lawsuits, judgments, garnishments, levies and executions on debtor's property;
- 9. Keep the attorney updated on any changes in the household income and expenses;
- 10. Timely file all statutorily required tax returns;
- 11. Inform the attorney if there are any pending lawsuits or rights to pursue any lawsuits;
- 12. Appear at the Section 341(a) Meeting of Creditors, and any continued Meeting of Creditors;
- 13. Bring proof of social security number and government issued photo identification to the Section 341(a) Meeting of Creditors;
- 14. Provide date-of-filing bank statements to the attorney no later than 7 days after filing of your case;
- 15. Pay all required fees prior to the filing of the case;
- 16. Promptly pay all required fees in the event post filing fees are incurred;
- 17. Debtors must not direct, compel or demand their attorney to take a legal position or oppose a motion in violation of any Ethical Rule, any Rule of Professional Conduct, or Federal Rule that is not well grounded in fact or law.

| Dated: | June 28, 2019 | /s/ Fernando Martinez      |  |
|--------|---------------|----------------------------|--|
|        |               | Fernando Martinez          |  |
|        |               | Debtor                     |  |
| Dated: | June 28, 2019 | /s/ Patricia Martinez      |  |
|        |               | Patricia Martinez          |  |
|        |               | Debtor                     |  |
| Dated: | June 28, 2019 | /s/ Christopher R. Bush    |  |
|        |               | Christopher R. Bush 243471 |  |
|        |               | Attorney for Debtor(s)     |  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |   |
|------------|--------------------|---|
| \$245      | filing fee         | _ |
| \$75       | administrative fee |   |
| + \$15     | trustee surcharge  |   |
| \$335      | total fee          |   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
| _ | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court Southern District of California

| In | re       | Fernando Martinez<br>Patricia Martinez  | Case No.                        |                                    |
|----|----------|---|---------------------------------|------------------------------------|
|    |          | Debtor(s)   | Chapter                         | 7                                  |
|    |          | DISCLOSURE OF COMPENSATION OF ATTORNE   | Y FOR DE                        | EBTOR(S)                           |
| 1. | cor      | rsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for mpensation paid to me within one year before the filing of the petition in bankruptcy, or agrendered on behalf of the debtor(s) in contemplation of or in connection with the bankrupt  | greed to be paid                | to me, for services rendered or to |
|    |          | FLAT FEE  |                                 |                                    |
|    |          | For legal services, I have agreed to accept   | \$                              | 1,665.00                           |
|    |          | Prior to the filing of this statement I have received   | \$                              | 1,665.00                           |
|    |          | Balance Due   | \$                              | 0.00                               |
|    |          | RETAINER  |                                 |                                    |
|    |          | For legal services, I have agreed to accept and received a retainer of  |                                 |                                    |
|    |          | The undersigned shall bill against the retainer at an hourly rate of [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.   | \$                              |                                    |
| 2. | The      | e source of the compensation paid to me was:  |                                 |                                    |
|    |          | ■ Debtor □ Other (specify):   |                                 |                                    |
| 3. | The      | e source of compensation to be paid to me is:   |                                 |                                    |
|    |          | ■ Debtor □ Other (specify):   |                                 |                                    |
| 4. | -        | I have not agreed to share the above-disclosed compensation with any other person unless  | s they are mem                  | bers and associates of my law firm |
|    |          | I have agreed to share the above-disclosed compensation with a person or persons who a copy of the agreement, together with a list of the names of the people sharing in the comp   |                                 |                                    |
| 5. | In       | return for the above-disclosed fee, I have agreed to render legal service for all aspects of the  | he bankruptcy c                 | ase, including:                    |
|    | b.<br>с. | Analysis of the debtor's financial situation, and rendering advice to the debtor in determine Preparation and filing of any petition, schedules, statement of affairs and plan which may Representation of the debtor at the meeting of creditors and confirmation hearing, and any [Other provisions as needed]  Services included consistent with Rights and Responsibilities as established. | be required;<br>y adjourned hea | rings thereof;                     |
| 6. | Ву       | agreement with the debtor(s), the above-disclosed fee does not include the following serv Services excluded consistent with Rights and Responsibilities as estal  |                                 | e Court.                           |

| In re | Fernando Martinez Patricia Martinez |           | Case No. | Case No. |
|-------|-------------------------------------|-----------|----------|----------|
|       |                                     | Debtor(s) |          |          |

#### **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

|  | (Continuation Sheet)  |
|--|---|
|  | CERTIFICATION   |
| I certify that the foregoing is a complete statenthis bankruptcy proceeding. | ment of any agreement or arrangement for payment to me for representation of the debtor(s) in   |
| June 28, 2019  | /s/ Christopher R. Bush   |
| Date   | Christopher R. Bush 243471  Signature of Attorney  Law Office of Chris Bush 1081 Camino del Rio South, Suite 110  San Diego, CA 92108 619/678-1134 Fax: 619/693-4277 chris@chrisbushlaw.com |
|  | Name of law firm  |

| CSD 1008 [08/21/00]  |   |  |
|--|---|--|
| Name, Address, Telephone No. & I.D. No. Christopher R. Bush 243471 1081 Camino del Rio South, Suite 110 San Diego, CA 92108 619/678-1134 243471 CA   |   |  |
| 24347 I CA   |   |  |
| UNITED STATES BANKRUPTO<br>SOUTHERN DISTRICT OF CALI<br>325 West "F" Street, San Diego, Cali   | FORNIA  |  |
| In Re Fernando Martinez Patricia Martinez  |   | BANKRUPTCY NO.   |
|  | Debtor.                                       |  |
| VFDIE  | TICATION OF CREDITO                           | D MATDIY   |
|  | TEATION OF EREDITO                            | RMAIRIA  |
| PART I (check and complete one):   |   |  |
| New petition filed. Creditor diskette required.  |   | TOTAL NO. OF CREDITORS: 21                                       |
| Conversion filed on See instructions  Former Chapter 13 converting. Creditor of Post-petition creditors added. Scannable  There are no post-petition creditors. No many controls.                      | <u>liskette</u> required.<br>matrix required. | TOTAL NO. OF CREDITORS:  |
| Amendment or Balance of Schedules filed concurre Equity Security Holders. See instructions on reverse  □ Names and addresses are being □ Names and addresses are being □ Names and addresses are being | e side.<br>ADDED.<br>DELETED.                 | le matrix affecting Schedule of Debts and/or Schedule of         |
| PART II (check one):   |   |  |
| The above-named Debtor(s) hereby verifies that the   | list of creditors is true and cor             | rect to the best of my (our) knowledge.                          |
| ☐ The above-named Debtor(s) hereby verifies that the the filing of a matrix is not required.   | re are no post-petition creditor              | s affected by the filing of the conversion of this case and that |
| Date: June 28, 2019  | /s/ Fernando Martinez                         |  |
|  | Fernando Martinez Signature of Debtor         |  |
| Date: June 28, 2019  | /s/ Patricia Martinez                         |  |
|  | Patricia Martinez                             |  |
|  | Signature of Debtor                           |  |

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#### INSTRUCTIONS

- 1) Full compliance with Special Requirements for Mailing Addresses (CSD 1007) is required.
- 2) A creditors matrix with Verification is required whenever the following occurs:
  - a) A new petition is filed. Diskette required.
  - b) A case is converted on or after SEPTEMBER 1, 2000. (See paragraph 4b concerning post-petition creditors.)
  - c) An amendment to a case on or after SEPTEMBER 1, 2000, which adds, deletes or changes creditor address information on the debtor's Schedule of Debts and/or Schedule of Equity Security Holders. Scannable matrix format required.
- 3) The scannable matrix must be originally typed or printed. It may not be a copy.
- 4) CONVERSIONS:
  - a) When converting a Chapter 13 case filed before SEPTEMBER 1, 2000, to another chapter, <u>ALL</u> creditors must be listed on the mailing matrix at the time of filing and accompanied by a <u>Verification</u>. Diskette required.
  - b) For Chapter 7, 11, or 12 cases converted on or after SEPTEMBER 1, 2000, only post-petition creditors need be listed on the mailing matrix. The matrix and Verification must be filed with the post-petition schedule of debts and/or schedule of equity security holders. If there are no post-petition creditors, only the verification form is required. Scannable matrix format required.
- 5) AMENDMENTS AND BALANCE OF SCHEDULES:
  - a) <u>Scannable matrix format required.</u>
  - b) The matrix with <u>Verification</u> is a document separate from the amended schedules and may not be used to substitute for any portion of the schedules. IT MUST BE SUBMITTED WITH THE AMENDMENT/BALANCE OF SCHEDULES.
  - c) Prepare a separate page for each type of change required: ADDED, DELETED, or CORRECTED. On the REVERSE side of each matrix page, indicate which category that particular page belongs in. Creditors falling in the same category should be placed on the same page in alphabetical order.
- 6) Please refer to CSD 1007 for additional information on how to avoid matrix-related problems.

American Express P.O. Box 981535 El Paso, TX 79998-1535

American Express Box 0001 Los Angeles, CA 90096-8000

Best Buy Credit Services PO Box 790441 Saint Louis, MO 63179

Cal HFA Loan Administration MS-350 500 Capital Mall, Suite 400 Sacramento, CA 95814

California Coast Credit Union P.O. Box 502080 San Diego, CA 92150-2080

California Coast Credit Union P.O. Box 501550 San Diego, CA 92150

California Franchise Tax Board Bankruptcy Section, MS A-340 P.O. Box 2952 Sacramento, CA 95812-2952

Capital One PO Box 30285 Salt Lake City, UT 84130-0285

Chase P.O. Box 15298 Wilmington, DE 19850-5298

Comenity Capital Bank PO Box 183043 Columbus, OH 43218-3043

Equifax Attn: Bankruptcy Dept. P.O. Box 740241 Atlanta, GA 30374

Experian
Attn: Bankruptcy Dept.
P.O. Box 2002
Allen, TX 75013

Ford Credit PO Box 542000 Omaha, NE 68154-8000

Home Depot Credit Services PO Box 790328 Saint Louis, MO 63179

Macy's Bankruptcy Processing P.O. Box 8053 Mason, OH 45040

Nelnet P.O. Box 82561 Lincoln, NE 68501-2561

Renovate America: HERO Program 15073 Avenue of Science San Diego, CA 92128

Timothy J. Silverman Scheer Law Group. LLP 26522 La Alameda, Suite 205 Mission Viejo, CA 92691 Transunion Attn: Bankruptcy Dept. P.O. Box 1000 Crum Lynne, PA 19022

U.S. Bank Home Mortgage 4801 Frederica Street Owensboro, KY 42301

Volkswagon Credit, Inc. PO Box 7498 Libertyville, IL 60048-7498